DOCUMENT RESUME

ED 127 033 PS 008 753

TITLE	The Children's Needs Assessment Handbook. Early Childhood Project Report 16.
INSTITUTION	Education Commission of the States, Denver, Colo.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
REPORT NO	ECS-R-56
PUB DATE	May 76
GRANT	OCD-CB-167
NOTE	99p.
AVAILABLE FROM	Education Commission of the States, 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado (Paper, $3.00, plus $0.35 postage & handling; prepayment required)
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Child Care; Child Development; Childhood Needs; *Child Welfare; Data Collection; Demography; *Early Childhood Education; Health Services; *Methods; Models; *Needs Assessment; Preschool Education; Public Relations; State Legislation; *State Programs; State Surveys; *Statewide Planning
IDENTIFIERS	Idaho; Learning Institute of North Carolina; North Carolina; Texas

ABSTRACT

This report is intended to serve as a handbook for persons concerned about analyzing the statewide need for new or additional services to young children and their families, and for those interested in developing a data base on which to base decisions. The first part of the report, an update of a report originally published in 1973, outlines the basic information a state should consider as it gathers the data necessary to plan for child development programs. The report is not intended to provide simple answers to complex questions, but rather to indicate alternatives and discuss their implications. Underlying the report is the assumption that to have impact, a needs assessment must be conducted with awareness of the political situation of the state. The second part of the report includes in-depth studies of needs assessment models used in Idaho, North Carolina and Texas, along with detailed tables and appendices. (MS)

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THE CHILDREN'S NEEDS ASSESSMENT HANDBOOK

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The Children's Needs Assessment Handbook

The sixteenth report of
The Education Commission of the States
Early Childhood Project

Education Commission of the States
Denver, Colorado 80203
Wendell H. Pierce, Executive Director

May 1976

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The project reported herein was performed pursuant to a grant from the U.S. Office of Child Development, Department of Health, Education and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Office of Child Development, and no official endorsement by the U.S. Office of Child Development should be inferred. This project is supported by the Children's Bureau. Grant Number OCD-CB-167.

CONTENTS

Tables iv

Introduction 1

Part I—Initiating a Needs Assessment

The Planning Structure 4

The Data Gathering Structure 10

The Public Relations Effort 23

Part II—Three Needs Assessment Models

The Needs Assessment Process in Idaho 27
by Howard Schrag, Director
Idaho Institute of Human Development

The LINC Child Care Services Assessment 44
by John Hawes, Executive Director
Learning Institute of North Carolina

Early Childhood Needs Assessment in Texas 50
by David Nesenholtz, Education Coordinator
Texas Office of State-Federal Relations

Appendix A: The Learning Institute of North Carolina Child Care Services Assessment Study 65

Appendix B: The Texas Information Survey 68

Appendix C: The Texas Household Survey 71

Appendix D: Social Indicators and Early Childhood Assessment in Texas 72

Appendix E: Survey of State Needs Assessment Activities 75

Bibliography 90

Tables

Idaho

Figure 1: Estimated Met and Unmet Needs of Idaho Children at Appropriate Ages (1972) 35

Table 1: Types of Child Care Used in Idaho and Related Factors (1972) 37

Figure 2: Evaluative and Potency Dimensions of Concepts Concerning Child Development — Contrasting Liberal and Conservative Voter Views (Idaho, 1973) 39

Table 2: Needs of Idaho's Children and Barriers Preventing Their Gratification 41

Texas

Figure 1: Texas OECD Needs Assessment System 54

Table 1: Texas OECD Needs Assessment System Cost ... 62

Introduction

As pressures increase to initiate or expand services for the very young child and his family, states must make difficult decisions about public priorities and must insure that short- and long-range state plans are based upon adequate information. There is general agreement that competent planning and determination of priorities should be based upon a careful assessment of states' present and future needs for early childhood and family services. But there is little agreement about how best to define and assess those needs, what kinds of information are readily available and how an adequate assessment might be conducted for minimum cost. In fact, there is no general understanding about what the task of assessing needs really involves.

The first part of this report, originally published in 1973, outlines the basic information that a state should consider as it gathers the data necessary to plan for child development programs. The report is not intended to provide simple answers to the complex questions involved in planning services for children and their families. Alternatives are indicated and their implications discussed. Since 1973 many states have initiated needs assessment activities as a result of the need for a state plan for Title XX funding. Other states have completed needs assessments and have developed and expanded early childhood services based on the data gathered through an assessment. An in-depth examination of the models used in three states—Idaho, North Carolina and Texas—are included in this update of the original report.

Underlying the report is the assumption that—to have impact—a needs assessment must be conducted within a broad awareness of the political situation in the state. In other words, no matter how carefully researched and meticulously conducted, a data-gathering effort will not affect public policy unless it is carefully and appropriately interpreted by the public, the legislature, the governor, and the state and local agencies concerned with the young child. Throughout the report and more specifically in the chapter on the data-gathering model, discussion of data-gathering techniques is related to a broader framework of public information and political process. It is not insignificant that the process followed in each of the three states included in this report involved the public in forums and media coverage.

The report assumes that state assessment efforts will be comprised of at least four steps:

(1) Gathering the data.
(2) Assessing the data to determine needs.
(3) Utilizing the data and assessment for the development of a comprehensive state early childhood plan.

(4) Informing the public about activities for broad interpretation and for support for whatever program implementation might be consistent with the state's objectives.

The steps are, of course, not necessarily sequential. Step four could, and probably should, begin at the same time as step one. In the report the terms are used somewhat interchangeably because of their close relationship and interdependence.

The report is intended to serve as a handbook for those in the states concerned about analyzing the statewide need for new or additional services to young children and their families and for those interested in developing a data base from which to make decisions. It should give lawmakers and other decisionmakers a general picture of what might be involved in assessing early childhood needs. It should give state agency personnel preliminary guidelines for a data-gathering effort and finding the funding for it. By building upon the experience of those states that have already initiated and completed a comprehensive statewide needs assessment, it should encourage further interstate information exchange in this very important aspect of implementing state early childhood development programs.

The first part of this report was prepared by Sally V. Allen, former director of the ECS Early Childhood Project, with the assistance of several individuals experienced in state planning: Richard Ray, former director of the Learning Institute of North Carolina; William Katzenmeyer, Duke University; Howard Schrag, director of Idaho's Institute of Human Development; Lewis Lavine, Office of the Governor, Tennessee; and David Nesenholtz, education coordinator of the Texas Office of State-Federal Relations. This part was updated and edited by Marilyn Lindemer, administrative assistant of the ECS Early Childhood Project.

The second part of this report was prepared by John Hawes, executive director of the Learning Institute of North Carolina; David Nesenholtz; and Howard Schrag. It was edited by Clare Desmond, consultant to the ECS Early Childhood Project.

PART I

Initiating a Needs Assessment

The Planning Structure

WHY CONDUCT A NEEDS ASSESSMENT?

If a state has limited objectives in the early childhood field, adequate funds to meet its priorities and some evidence that those objectives, funding levels and priorities will not change, it could conceivably do without a statewide needs assessment. Increasingly, however, states are finding themselves subject to growing demand for child care and to new (or proposed) federal funding and related planning requirements for child care programs, e.g., Title XX. In addition they face an increasing demand for early intervention and preventive programs for handicapped children, a growing need to achieve multi-agency coordination of federal, state and local resources and to create new manpower resources with the variety of competencies needed for child development programs. Of course, in the face of perennial budgetary problems, states need to allocate limited resources to provide programs—initially at least—in areas of greatest need. For then they may have maximum impact and cost benefits. The majority of the states indicate that they have initiated or completed some type of assessment procedures within the last three years. (See Appendix E.)

It is an assumption of this report that, to be of greatest use, a needs assessment should be comprehensive in scope. The emphasis of the report is on assessing the needs of the 5-year-old-and-under age group, those youngsters not yet in first grade. It could, of course, be utilized to gather information about older children. (Many states already have available data about school-age youngsters.) It is not limited to specific population groups such as the disadvantaged. The range of information on which a comprehensive assessment should be based includes numbers and migration patterns of children and their families; socioeconomic indicators (income levels, employment patterns, racial composition of communities, etc.); provisions for child care; availability of related services; availability of manpower development resources; organization for development, administration and evaluation of child development programs; legal constraints and financial resources. Projection techniques to estimate future need should be included.

In considering the advisability of a needs assessment, it is suggested that a state examine the following assumptions:

1. Because children constitute a resource upon which the state will ultimately depend, it is in the state's best interest to help insure an optimal supportive environment during the early critical years of their development.

2. In at least a significant number of cases, the family cannot be expected to meet all of the needs of the 5-and-under child.

3. If a significant need for child care services exists outside the home or to reinforce the family inside the home, the state has a responsibility to provide or to see that such services are provided for children.

4. An assessment of the need for child care services is prerequisite to understanding both the magnitude and the nature of the need and is a necessary first stage toward establishing such programs.

If there is substantial need for child development services, it is improbable that an adequate funding level would be realized within the first few years of such a program. It is, of course, possible that a state might elect to proceed on the assumption that all children will be served or that the setting of priorities should be deferred until such time as the establishment of a program is achieved and the financial parameters defined.

Even if priority setting is deferred, the data that will probably be required for establishing differential need and priorities should be gathered at the time basic overall determinations of need are made. The addition of data such as socioeconomic status, population density, average family income, delinquency rates, etc., can be more economically gathered with the primary data and may, if past experience with funding should be repeated, be needed suddenly when money is appropriated with a relatively short time span before implementation is required.

The possible impact of federal legislation should be seriously examined as a state considers whether or not to undertake a needs assessment with a view toward comprehensive early childhood planning. Some form of widespread federal child care program may well be initiated in the next several years and statewide planning would then be required under the law. In fact, because of limited resources and increasing demand, it is probable that states with already established planning mechanisms and solid planning techniques will be given funding preference in any competition for federal funds. Federal programs, including Title XX of the Social Security Act and the National Health Planning and Resources Development Act, have recognized the need for statewide administrative structures to maximize planning and coordination. The federal Office of Child Development (OCD) has recently awarded grants to several states to encourage state efforts to increase their capacity to plan, develop and coordinate children's programs. A study of the states' capacity to administer programs for children has recently been conducted by Kirschner Associates, Inc., under contract to OCD. The wisdom of initiating planning procedures now seems self-evident.

THE PLANNING RESPONSIBILITY

An essential first step to a successful needs assessment is the designation of the group or agency to be responsible to initiate, carry out and

utilize (or oversee utilization of) the data-gathering process. To a large extent, those data-gathering efforts that have already been undertaken by the states have not had maximum impact because they have been conducted in a piecemeal fashion by a variety of agencies without a clear planning mandate.

The choice of who should shepherd the planning and data-gathering phases will vary from state to state. Some states already have a logical structure in which responsibility should be placed. To date at least 17 states have established a central state mechanism to increase the capacity of the state to administer children's services. Although these state offices of child development are known by various titles, i.e., office of child advocacy, office of early childhood development and office of early childhood education, one common denominator is their basic function. Each serves as the mechanism within the state to help provide the planning and coordinating necessary for the delivery of services to young children and their families. Descriptive information on each of the 17 established state offices of child development is included in the Education Commission of the States Early Childhood Project publication, *State Offices of Child Development* (September 1975).

In most of these states, the legislation authorizing the child development office stipulates that the duties of that office shall include the formulation of a long-range, comprehensive plan for early childhood (and family) development. The suggested legislative alternatives for establishing a state office of child development, published by the ECS Early Childhood Project (December 1972) for state use, included among the powers and duties of such an office, "to design, develop and review annually a comprehensive statewide, community-based program to meet early childhood development and family service needs" and "to establish a comprehensive early childhood development information management system."

Similar duties could be assigned to such an office, of course, if it is established by executive order. The responsibilities of the Louisiana Bureau of Early Childhood Development, established by executive order in February 1973, include: (1) a needs assessment and survey of existing programs of early childhood development and family assistance, (2) the development of a statewide comprehensive plan for services and their delivery to young children and their families, (3) the establishment of fiscal priorities and (4) designation as the administrative agency for federal child development programs and funds within the state.

Several states have interagency child development coordinating councils that have been allocated a needs assessment and planning function. This structure is found particularly among states in the Appalachian Region because the Appalachian Regional Commission required that, to receive funds, states set up such a mechanism.

In some cases, the state planning agency might be an appropriate office to undertake the effort. Most states now have planning offices. These are usually housed in the executive branch, responsible to the governor, though they may be independent and equal in stature to other state adminstrative departments. Often they are established by legislation with a clear mandate to conduct all statewide planning programs. Sometimes they are set up by executive order as a staff arm of the governor. Then their emphasis tends to be upon areas of greatest interest to the governor, and their focus and prominence are dependent upon the priorities of the current administration. In short, the effectiveness and influence of state planning agencies vary widely from state to state. Sometimes they are well staffed, influential, respected by other state agencies and the legislature. Sometimes they are not. The present status of the planning agency should be taken into consideration before assignment of an early childhood needs assessment is made.

In some states, it might be appropriate to assign the data-gathering responsibility to an existing state agency already concerned about the very young child and perhaps already having bits and pieces of information about the state's needs. This approach has been widely used in planning for handicapped children's education in the states with evident impact. All states have conducted some form of planning for special education needs and many states include specific planning provisions within their special education legislation.

Appointment by the governor of a funded study commission or the hiring of a private firm to assess state needs and to develop a plan might be desirable alternatives. These approaches would be particularly attractive to a state that did not have an established, competent planning office or agency with responsibility for early childhood development or that did not have planning competence within any other existing agency administering programs for young children. A funded study commission has the advantage of involving in the planning process a number of influential individuals within a state who might then be interested in implementing programs that a needs assessment show to be necessary. At the same time, however, it is difficult for such individuals, who have other extensive demands upon their time, to devote the attention and to provide the staff guidance necessary to develop a competent plan.

There are an increasing number of organizations and companies that are able to provide competent planning assistance at reasonable cost. Several specialize in the early childhood field. In some instances, it may be possible to fund needs assessment and planning efforts with the assistance of a private firm through Title XX of the Social Security Act.

If a competent firm is hired with a clear assignment and time schedule, adequate data can be gathered in a relatively short period.

Such a course, however, does not enhance the state's permanent competence for continuing assessment and planning. The source of funds will undoubtedly influence the purpose and perhaps the credibility of the information produced. If Title XX funds are utilized to employ a private firm, for example, the hiring agency would probably be the state department of social services or its equivalent. It is likely that—as a result—emphasis would be placed upon assessing the needs of the disadvantaged for day care services. Unless the hiring is done by the governor's office or through legislation with a required program for all state agencies to utilize the results, even a very comprehensive consultant-developed plan might not have broad impact.

NEXT STEPS

Whatever office, agency or group is asked to assume responsibility for conducting the assessment, several steps should be taken by the governor or legislature.

1. Adequate funding should be provided so that staff will be available and so that other agencies will not feel that their resources are being siphoned off for this purpose. Funding levels do not need to be extravagant if the assessment makes careful use of existing and already available information and if the many volunteer and other groups in the state are encouraged to participate (such as the League of Women Voters, the state Association for the Education of Young Children, the state Association for Childhood Education International, etc.).

2. The charge to the agency should be specific and a time limit set for the initial needs assessment. The agency might be asked, for example, to: (a) review what has been done in early childhood development; (b) establish need for services; (c) gather data concerning the 5-and-under child and existing child care services; (d) differentiate need by location; (e) establish criteria for defining greatest need; (f) present data geographically by the various criteria; (g) combine criteria and recommend locations. One year of effort should be sufficient to complete the process and continuous review and updating will then be necessary.

3. Efforts should be made from the beginning to stimulate public awareness and interest in the needs assessment so that there will be greater likelihood of program implementation as a result. A logical first step is the appointment of advisory councils at all levels to assist in the planning and to insure that different interests are involved from the beginning. In some states, such advisory groups exist in the form of councils set up by legislation to work with the state office of child development or required by a federal or regional funding agency. The Appalachian Regional Commission, for example, requires states to utilize local and state councils, including parent representatives, to assist in program development. In Massachusetts, 40 councils for children have been formed throughout the state. Fifty-one per-

cent of the membership on the governing boards of these councils must consist of parents. Members from local councils must consist of parents. Members from local councils form part of a statwide advisory council to the Massachusetts Office for Children. The suggested state legislation prepared by the Education Commission of the States to set up an office of early childhood development outlines provisions for the director of the office to establish state and district child development and family service advisory councils to make recommendations on the state's early childhood development plan.

Included in such a structure should be a clear advisory and contributing role for the many state agencies already administering programs for young children. If a mechanism is set up so that these agencies participate in the needs assessment process, they will be more likely to cooperate in disseminating the results and in supporting any implementation efforts that are subsequently recommended.

Whatever agency or group is assigned responsibility for planning should also be charged to inform the public about all phases of its activity. It might appear that staff time devoted to such a public information effort diverts attention from the details of data gathering. But the long-range benefits of enhancing public awareness of the effort and interest in the early childhood field and in creating a climate for legislative receptivity cannot be overestimated. The appointment of advisory council members, the locations and topics of their meetings, highlights of their discussions as well as human interest stories about how children develop and special need cases, could all be the subject of central press releases and press briefings. They might be released through the governor's office. At least the initiation of the needs assessment effort might be announced by the governor. Members of the legislature who are already interested in early childhood development, or who need to be convinced, might be invited to state or local advisory council meetings or to special briefings on the purposes and conduct of the assessment.

Commercial television networks—required to devote time to public service announcements and programs—might be provided with brief spots for their use. They and the educational television stations might be encouraged to devote air time to related programming; sometimes funding is available from Washington, D.C., for such efforts. The Colorado Department of Education has sponsored brief television spots and placed advertisements in local and state newspapers requesting volunteers for a statewide needs assessment survey currently being conducted, with the assistance of a private consultant. The North Carolina Office for Children has developed an entire media package that includes cassettes, posters, a series of newspaper articles with camera-ready photographs, spots for radio-TV public service announcements and two 16mm films.

The Data-Gathering Model

Alternative data collection models with suggestions about the implications of their use are available from states that have completed early childhood needs assessments. According to data compiled by Kirschner Associates, Inc., more than 53 percent of the states have completed some type of a needs assessment concerned with services for young children. The models used in three states—Idaho, North Carolina and Texas—are indicative of the variety of approaches and techniques available for a state to consider in developing a needs assessment model. States may want to adopt one of the three models or variations of them for their own use.

There are some basic considerations that states should include when they embark upon early childhood planning efforts. For example, what constitutes "need"? Need is usually determined by assessing two factors: (1) a standard or ideal program, service, health statistic or other indicator of the quality of life desired and (2) the present situation, an accurate assessment of the status quo. "Need" is the difference between the two. The problem comes in determining whether the identified need will remain constant or may, in fact, resolve itself. Only repeated measures of the status quo—or second type of information—provide a base line of vital information about a trend.

A primary concern of the planning unit or group assigned responsibility for gathering data and assessing needs will be cost. What is the best assessment that can be made within the budget—or perhaps even for the least amount of money? What will initial and permanent staffing needs be? The following section outlines the kinds of data needed, with some indication of the implications of different types of data.

Obviously, each state will have to make hard decisions about what is priority data and what is worth collecting. The process will be a series of lively compromises between the kinds of information ideally desirable and the kinds of information already available or that may be gathered at feasible cost.

It is recommended that as a first step in the needs assessment effort, each state initiate two activities to increase the effectiveness of its data-gathering activities. First, there should be a carefully conceived and executed effort to coordinate the myriad of state-sponsored data collection activities. In almost every state there are many agencies sending surveys or interviewing the same sources for similar, if not identical, information. Some staff members spend a good percentage of their time simply responding to questionnaires. If data collection were the general responsibility of the governor's office or the state census office, for example, it might be possible to coordinate these innumerable inquiries. In Tennessee, the state planning office effected

this sort of coordination. Planners within each agency or department were expected to work with the central planning office, and the costs of sampling, field personnel, projections, etc., were shared. In some states, an interagency committee on the uses of data could assume a similar function.

A second activity that states should undertake at the beginning is to consider and plan for the use of a generalized data management system as a time- and labor-saving device. It would be a worthwhile initial investment to investigate the state's computer resources (the state government, major industries and universities are logical possibilities) and to seek some advice on the selection of a data management system (there are pretested appropriate systems available through IBM, General Electric, RCA, Control Data and others). Although many piecemeal information collection efforts and some statewide efforts have recently been compiled manually, there is little reason to limit future efforts to laborious manual calulations. If, for any reason, a data collection must be begun manually, it should be planned so that it can be computerized when facilities become available or the information becomes too cumbersome. It is a relatively simple matter to write questionnaires, for example, so that responses can be fed into and tallied by computer. Without some foresight, however, such responses must be hand counted and individually interpreted, whether or not computer facilities are available.

In the absence of tested data collection models, each state will have to make its own decisions about which pieces of information are relevant—and worth the cost of collection—and which are not. It would be fortuitous if each state could, early on, determine which variables are most appropriate to establishing urgency of need and which others are dependent and simply reflect the situation already suggested by the independent variables. If it is determined, for example, that the rate of junvenile delinquency parallels the density of low-income families, then it would be logical to collect one set, but not both, of indicators. Unfortunately, at this point in time it is not possible to determine, for the early childhood field, which variables might be independent and which are dependent. Each state will have to work through these calculations for itself.

In such a situation, it is recommended that a rational framework for categorizing social indicators—and thus deciding whether or not to tally them—should be adopted. Without such a framework, a state might expend valuable time and staff energy in surveying whatever bits and pieces of information can be collected without reference to any accepted plan or philosophy of action.

It would seem wise, for example, to determine: (1) the state's overall objectives and early childhood philosophy; (2) the state's general goals and areas of concern within the early childhood field: (3) specific quantitative objectives within each of the identified areas of concern

(e.g., education, nutrition, health); and (4) available social indicators that might affect each of the identified components.

A state's general philosophy might be that each child should be provided the best possible environment in order to develop to his utmost capacity. Montana, for example, adopted a Bill of Rights for Children that is instructive.

The general goals might be to enhance each child's physical, emotional, social and intellectual competencies and to facilitate the economic, medical and physical facilities that have a measureable effect on development. Thus, specific areas of concern might include: education and development, health, nutrition, economic factors, social factors, existing child care services and the current system (agencies) delivering services. If it were then determined for instance, that a program objective within the general category of "education" would be to raise the language development of all 5-year-old children to prepare them for entry into first grade, it would follow that the data gatherers should look at the number of children younger than 6 who have language problems. Similarly, if it were determined that a program objective should be to provide integrated educational programs to as many handicapped children as possible in public kindergartens, then the data gatherers would have to determine how many handicapped children who might benefit from such an approach exist in the state and how many are currently served in integrated classroom programs.

In the health category, it might be decided to reduce infant mortality by 20 percent, or to immunize 90 percent of the under-6 population against mumps. Then it would be important to know the present infant mortality rate, areas of concentration, numbers of expectant mothers receiving prenatal care, in-hospital and out-of-hospital births, etc., and how many youngsters are immunized against mumps, where they are, etc. It will be important to be aware of the innumerable hazards in each specific set of figures. Often, for example, immunizations given by private physicians are not recorded in public health figures, so some areas with low immunization rates are in fact those with a high concentration of private pediatricians.

In the economic factors category, it might be agreed to aim to provide quality day care facilities to the preschool children of all working mothers who are heads of poverty households. In the social factors category, it might be advisable to reduce the rate of child abuse by 20 percent. In housing, it might be determined to eliminate lead paint poisonings in children under 6 within five years. The information required, from which plans could be developed, follow from the objectives.

In child care services, a possible objective would be to offer day care programs to all 4- and 5-year-olds who can use them, or to provide diagnostic services to all 3-year-olds who might have an educationally

related handicap. With regard to current delivery of services, the objective could be to identify those agencies currently offering or administering programs for parent training in any aspect of child development.

The use of such a framework should assist the states in winnowing out the information that is essential at this point in time. Such an approach, of course, will have to take into consideration the characteristics of child care over which states can (or should) have some influence and the relationship between services and their effect on the attainment of any stated objectives. For example, the child/staff ratio in a day care center might be identified as a necessary condition to meet a minimum objective and can be specified in state legislation. The involvement of parents is critical but depends ultimately upon parental interest and staff-parent communication and probably cannot be legislated.

Once such a conceptual framework has been adopted, a state would devote its resources profitably to determining: (a) identifiable information sources and (b) existing state and federally funded services. Many states have developed questionnaires for a preliminary needs assessment. Several years ago, Colorado used a simple questionnaire that was administered and compiled by one staff member working for four weeks. The results gave a good overview of existing and projected needs and existing services to meet those needs. Colorado is presently conducting a more in-depth assessment of children's needs and services under the auspices of the Governor's Task Force on Children.

The state agencies most commonly administering programs for young children that should be approached initially are the departments of education, social services, health, institutions (mental health, mental retardation) and labor and employment. Federal agencies, which should be approached through the regional office of the Department of Health, Education and Welfare, are the Office of Education, Office of Child Development, Social and Rehabilitative Services and the regional Office of Economic Opportunity. Other logical and accessible sources of data are the Bureau of the Census and Employment Security Commission offices. It is important, in analyzing information provided by administering agencies, to distinguish between actual numbers of children served and capacities for serving children. A Texas survey, for example, discovered that welfare figures for foster care were based on capacity rather than actual children receiving care and that, because no age breakdowns were available, figures were total capacity for all foster care. The result was a listing of 5 to 10 times as much foster care of 0 to 6-year-olds as really existed.

Census information is available on magnetic tape, can be assessed by the computer and located geographically in areas as small as census tracts or enumeration districts. At least one state was able to utilize tax information. Texas utilized the population research center at the

University of Texas, the Vital Statistics Office of the State Department of Health, the Municipal League, the Migrant Council and Zero Population Growth, in addition to the usual sources.

Information specific to the existing child care facilities may need to be gathered at its source. Where state or local licensing is required for such facilities, data can be gathered from the licensing agency. The ECS Early Childhood Project report, *Day Care Licensing Policies and Practices: A State Survey, July 1975,* includes a table of licensing agencies within each state. Where such licensing is not required, identifying existing child care facilities will be a greater problem. The schools and social service agencies are among the best sources. A simple questionnaire given to elementary school children concerning their 5-and-under siblings will reveal the vast majority of child care facilities. If data are collected for state and county totals, regional totals can subsequently be tallied. It may be difficult to get agency information on a county breakdown. Unless school districts coincide with county boundaries, it will be difficult to utilize school district information. Head Start information will generally overlap district or county boundaries.

If funds are short, volunteers from agencies interested in children, such as PTA and League of Women Voters, may be used to ferret out the more difficult to find information. It is possible that local personnel, because of their familiarity with the community, can often do a more effective job of data-gathering at lower cost than nonresident personnel. Using local personnel effectively requires careful and complete specification of the data to be gathered and simple, well-defined recording procedures.

CENSUS TRACT INFORMATION

Much basic information can be readily obtained through census tapes. For greatest future flexibility of use, information should be sought for the smallest possible geographic or governmental entity; most is available by census tract. It should be noted that census data on welfare statistics may be inaccurate; county welfare departments are an alternate source for these figures. The census provides information primarily on: (a) children and their families and (b) socioeconomic indicators.

The major categories of information available that might be useful for early childhood planning are listed below with brief comments on their implications.

(a) Children and Their Families

Number of children 5 and under	Provides a general picture of the maximum number potentially eligible for preschool programs.

Density of population	Indicates areas of concentrated need; more heavily populated areas will have more young children, probably more working mothers, perhaps more disadvantaged children. Also indicates problems in delivering services in sparsely populated areas.
Number of single-parent homes	Suggests the need for day care.
Out-migration, in-migration; commuting status	Indicates population trends that might affect future planning by pinpointing geographic areas where needs can be expected to expand or decrease. Commuting patterns will indicate number of hours before and after work that day care will be needed and may suggest a shift in the need for services by location if mothers elect to use services near where they work rather than where they live.
Percent and location of families with children 5 and under with native language other than English	Indicates need for bilingual programs and staff and for cultural sensitivity in planning.
Education, fertility and family composition by metropolitan and nonmetropolitan residence	Indicates trends useful for planning for manpower resources for staffing services and suggests training needs for staff and parents.
(b) Socioeconomic Indicators	
Average annual family income	Separates number of families able to obtain private child development services from those who will have to rely partially or totally on public services.
Density of low-, middle- and high-income families	Locates areas with greatest economic need for public services and with least need.
Number and location of AFDC families	Identifies areas with need for welfare services and where there is eligibility for federally funded programs.

Occupation of employed persons	Identifies numbers and location of borderline eligibility cases, i.e., families unable to afford private programs but ineligible for most public ones.
Percentage and location of unemployed workers	Suggests availability of personnel for child development programs and the need for programs to alleviate unemployment.
Location and density of substandard housing	Indicates areas with greatest physical hazards; reconfirms socioeconomic needs evident in other statistics.
Composition of community by racial and ethnic groups	Identifies areas with minority populations that might be low-income areas, would have special cultural considerations.
Number and location of employed mothers with young children	Identifies areas where day care needs may be greatest.
Number and location of juvenile crime offenses*	Suggests areas of family breakdown, need for parent education and other family services.

(c) Health and Nutrition (Bureau of Vital Statistics)

Degree of infant and maternal mortality	Indicates need for pre-, peri- and postnatal services.
Number of illegitimate births	Suggests need for family planning clinics, parent education.
Incidence of birth defects	Suggests need for pre- and postnatal services, genetic counseling; valuable for determining special education needs for preschool-age children and need for diagnostic screening services.
Incidence of handicaps in children between 1 and 6 years old	Indicates need for remedial and special education services for preschool children and for diagnostic screening services.

*Information available from FBI Uniform Crime Statistics, State Police Annual Statistics, State Law Enforcement Planning Agency.

The census data do not answer several key questions about predictions of future need. It would be most useful to know, for example, how many mothers of very young children might be working and requiring day care in five years. Or whether there are migration patterns within the state, or into and out of the state, suggesting that the number of large families, disadvantaged families, single-parent families, etc., will increase, decrease or relocate within the state. A state gathering/planning instrument should take these problems into consideration.

OTHER DATA REQUIRED

In addition to the information readily available through the census, sound planning should be based upon knowledge about current child care and related services, manpower resources, administrative mechanisms, legal constraints, financial provisions and other resources as outlined below. Some method should be devised for projecting future need; ultimately, decisions should be made about which are essential (independent) variables and which are the dependent or overlapping (and thus not essential) variables. If it is determined, for example, that the number and location of neonatal deaths coincide closely and consistently with the density of low-income families, it would be logical to collect data either about neonatal deaths or low-income families, but not both. Initially it would be advisable to collect as much information as possible to eliminate the need to recollect material that might later be determined to be significant.

Provisions for Child Care/Development

Number of child care centers, five or more	These indicators provide the component parts of the current picture of programs available for children.
Enrollment potential of child care centers	
Nature of programs: custodial; developmental; full day; part day; evening care; emphasis on parent involvement	
Sponsorship of programs; five or more children: for profit; church, community agency or organization; federally sponsored program; United Fund, etc.	
Number of children actually enrolled, centers for five or more	

Number of children in care, groups of four or less

Total number of children receiving care: full time; part time

Number of centers licensed/registered by local or state agency

Cost of child care/development

Availability of Related Services

Health resources to child care/development centers

These indicators will give a comprehensive picture of existing developmental services.

Availability and nature of family and community services

Special assistance for handicapped children

Assistance in management, financing, organization

Availability of Manpower Development Resources

Number and quality of "inservice" and "preservice" staff development programs

These indicators will give a quantitative picture of current personnel training programs.

Sponsorship and funding source of manpower development programs: university; local or state agency; private organization

Nature of available training resources: degree program; two-year or four-year; inservice; consultation

Number of participants in training, last three years.

Cost of training to participants

Organization for Development, Administration and Evaluation of Child Development Programs

At the municipal and county level

These are important for assessing the current administrative structure, possible need for program coordination.

At the state level

Evidence or lack of evidence of coordinated programming

Agency responsibility for child development; how responsibility conferred

Existing Statewide Financial Provisions for Child Development Programs

State financial support: purposes and amount of appropriations last three years

Federal financial support: purposes and amount of appropriations used and available, last three years

Local financial support: purposes and amount of appropriation used and available, last three years

Nongovernmental resources

This information will suggest present levels and proportions of federal/state/local support and could indicate potential future financial resources.

Description of Statewide Resources for Program Development, Research and Evaluation

University programs

Regional education labs and research and development centers

Nonpublic resources

This information could provide a basis for future cooperation between research programs and program operators.

Minimal data about existing services and responsibilities might be obtained through a survey. Comprehensive information about state legal codes relating to children can be readily obtained through the Aspen Systems Corporation (20010 Century Blvd., Germantown, Md. 20767), a unique, private organization that has available on computer tapes information about existing legislation in all states. A complete print-out of legislation relating to young children in any given state is available in short titles or in the full text through a retrieval system based upon relevant key words (e.g., child, young child, juvenile, handicapped child, parent training, child services). To acquire this print-out, an agency or organization must pay a membership fee or a one-time retrieval fee.

Some states have this information available on their own computer-based retrieval system. Generally, responsibility rests with the

legislative council, and inquiries about its existence, availability and competence should be made to that group.

A state might decide to assign a staff person, perhaps a graduate student or intern, to begin such a legislative analysis if the information is not readily available or if it does not want to utilize the Aspen Systems Corporation for any reason. A number of private organizations are available to summarize their own ongoing research with specific regard to the early childhood field. A list of these organizations has been compiled by the Office of Child Development in the U.S. Department of Health, Education and Welfare, and is available through the Research and Evaluation Division. At least one state, Idaho, has been assisted by the regional attorney general's office, through arrangements made by the regional Office of Child Development. Idaho first obtained information on state legislation through key-word retrieval from the Aspen Systems Corporation and then asked the regional Office of the Attorney General to analyze how the state laws interfaced with federal regulations for children.

If a state does not have easily accessible information about available financial resources for early childhood programs and does not have the local staff to conduct such a survey, it might employ specialized researchers to compile the material. Idaho, for example, asked a private firm in Seattle to review the state's present and potential financial resources. The survey results would be useful to other states

LOCAL ATTITUDES AND DEMANDS

To be most realistic, a needs assessment must include some indication of what people really want now and will want in the future in child development services. It is not sufficient to analyze the statistical data from a needs assessment survey without also surveying the attitudes of the potential recipients of the services. A number of states have incorporated such an attitudinal survey in their needs assessment. Massachusetts, in a state study conducted by a private firm, asked what kinds of programs families wanted and what they would be willing to spend for them.

Idaho has used two methods to assess the array of public opinion. The first was through a speak-out forum developed through the former State Office of Child Development under the auspices of a 4-C grant received from the U.S. Department of Health, Education and Welfare. The speak-outs were public and open to all those who were interested in child development, including those who administered and those who used programs. Proceedings of the speak-outs were taped and later transcribed with particular attention to the priorities developed by each speak-out group. The second procedure for assessing public opinion was developed as part of the two percent consumer survey. Consumer opinion concerning the types of child care parents would like to have for children with and without special needs was gathered.

USE OF THE COMPUTER

Information concerning variables can be presented on a map, the data for which are analyzed and presented by existing computer programs. A composite map may be produced in which all of the variables identified as criteria are combined in a specified manner. This map will identify the areas of greatest need as defined by the criteria selected. Superimposing on this map the location of existing child care facilities may also be desirable.

There are a variety of computer programs that will produce such maps on the line printer, the Calcomp plotter or provide the information to make such maps manually. The Triable Universities Computation Center, Durham, N.C., has produced maps using the "Grid" and "Symap" programs. The Trend Surface Analysis Program at the University of Wisconsin provides a method of estimating the distribution of need from a relatively small number of cases, while "Symap" and "Grid" plot only the information provided to them.

Once the data required are ready to be processed by machine, the production of maps is relatively inexpensive. The production of maps might vary from $300 to $1,500, depending on the amount of data to be processed and familiarity with the programs.

The mapping method, while useful to the professional, also provides a medium for presentation that communicates effectively and non-technically to legislators and lay people.

HEAD COUNT V. SAMPLING TECHNIQUES

The two basic counting methods that can be employed in such data-gathering efforts are surveying individuals or sampling segments of the population in order to draw general conclusions. It is generally agreed that some sampling techniques are reliable and much less expensive to conduct than an individual head count method. Sampling might be combined with projection techniques, for example, to screen for pockets of need outside critical counties. In many states, it should be possible to combine sampling techniques with some individual counting because the individual approach is required for a periodic screening of Aid to Families for Dependent Children (AFDC) under Title XIX of the Social Security Act. Although the purpose of this tracking is different the information could be utilized.

In at least one state, the feasibility of a statewide individual tracking system was explored. Tennessee hired a computer expert to examine the possibility of building a child development computer data system. He examined, as one possibility, a statistical survey model on an individual child basis. Information gathered on each child at birth would be updated continuously. Such a system would, in six years,

provide complete information about all children in the state younger than first graders because each individual record would be comprehensive. It would eliminate the duplication and double counting that plague planners. The feasibility study was completed, but the information retrieved is being used only within the Tennessee Office of Child Development for planning purposes. The question of confidentiality of information retrieved is presently being studied by legal authorities. With such a system, however, it would be possible to get an estimate of the actual benefits of full-scale individual tracking and an indication of whether, in fact, such an individual count produces results substantially different from sampling techniques.

COSTS

Data-gathering costs will vary significantly, depending on the variables selected as criteria and the ease of access to the data. For Idaho to complete a review of existing data and gather additional data relevant to child development planning, the total procedure took one year and cost $72,000. Texas budgeted approximately $200,000 for a one-year effort to develop a plan for a statewide comprehensive early childhood program, including a needs assessment and information system.

The Public Relations Effort

The entire data-gathering process will be of little use unless public awareness of the effort—and public involvement in interpreting the results—are given high priority. Without such public interest, there is little likelihood that programs to meet established need can be adequately developed. The legislature will need to be convinced that the public wants what the planners say it needs.

There are several specific steps that a state might consider as it works out its planning and public relations goals. Initially, however, the process of data interpretation should be carefully examined. At issue is whether the data gatherers and state planners should "tell" the public what the collected information means to program development, or whether the information should be reported without official interpretation for public reaction and analysis. To some extent, of course, the data gatherers and planners will have made interpretations and drawn conclusions about the meaning of information collected. But it seems important to the overall impact of such an effort that emphasis be placed upon public interpretation and evaluation of the data as it is collected. Public involvement and interest, as conclusions are reached, are likely to have more broad-reaching and long-term results.

Experience indicates, however, that some interpretation assistance should be available. Experts in planning and those who have worked in the field who will undoubtedly have their own opinions should be encouraged to suggest the implications of certain outcomes. But final interpretations should be the result of cooperative analysis of the planners and professional data gatherers and the public. Both Idaho and Texas set up mechanisms to accomplish such an effort.

The purpose of a state public information program in the early childhood field—in conjunction with a needs assessment effort—should be to:

(1) Focus public attention on the importance of the formative years in a child's development.

(2) Provide information about existing programs and services for young children.

(3) Encourage public interpretation of data collected in the needs assessment and planning process.

(4) Solicit public support for ongoing and proposed early childhood services.

Responsibility for development and implementation of a state public information program should be assigned by the governor to one agency or group that has broad involvement in the early childhood field. If a

statewide coordinating council or office of child development has been established, or if coordinating and planning duties have been assigned to an existing state agency, that would be the logical choice.

The designated group or agency should consider a variety of public information activities. A first step would be to analyze present public awareness of the pros and cons of early childhood programs and their current availability in the state. Among the groups to be looked at would be state legislators, postsecondary institutions training professional and paraprofessional personnel, early childhood program administrators in all fields (health, mental health, day care, education, etc.), parent groups, the general public, the press. If it is determined that the awareness is low in some or all of these groups, it would be logical to develop a plan to provide information to the appropriate audiences through the appropriate media. It might be useful, for example, to prepare a concise presentation of the benefits of early childhood programs, the misrepresentations that sometimes result when early childhood programs are interpreted primarily as early schooling in classroom situations, a summary of the kinds of activities that other states are undertaking and the cost factors, including cost benefits, that might be involved.

Special-interest reports might be initiated in the printed, radio and television media by bringing existing happenings to public attention (e.g., a day care program for migrants operating in a bus; the handicapped child who is given early remedial treatment because specially trained staff could make an early diagnosis). The use of radio and television public service spots should be explored. The Federal Communications Commission now requires the commercial stations to provide some air time at no cost for public service purposes.

In addition, newsworthy happenings could be planned with a view toward press coverage. Nationally known political and educational experts could be invited to consult with the governor and staff with appropriate press conferences. A statewide governors', congressmen's, state agency or legislative conference on early childhood development could be planned with appropriate publicity. Several states have held such meetings with significant success.

Specific informational materials might be developed about existing services in conjunction with those groups already interested in such an effort [like Community Coordinate Child Care Committees (4-C) and regional HEW offices]. Pamphlets for special ethnic groups in their languages with careful local distribution would be of particular benefit in some areas. For example, a guide for migrants, in Spanish, could outline local services available and how to get them.

Among the steps the Texas Office of Early Childhood Development took was the preparation of 25 newspaper articles on early childhood development for use by daily or weekly papers throughout the state,

the initiation of a weekly question and answer column for similar distribution and an annual report for the office itself. The first story the office prepared was sent to some 600 papers throughout Texas and was run by almost 450 of them.

An organized effort should be made to identify and involve established organizations in the dissemination of information and in working with the state legislature. In most states there are a number of groups interested or potentially interested in the early childhood field. These include the League of Women Voters, the League of Jewish Women, the National Organization of Women, the Commission on the Status of Women, the Commission on Children and Youth, advisory councils set up under federal legislation such as for Title I of the Elementary/Secondary Education Act and Title XX of the Social Security Act, the board and policy groups of Head Start, hospital and dental auxiliaries, the Junior League, and state affiliations of national organizations such as the State Association for the Education of Young Children and the State Association for Childhood Education International.

An adequate budget should be developed and funds made available for such an effort. It is estimated that a minimum budget for this portion of the state assessment and planning effort should cover one full-time staff person @$20,000 per year; one full-time secretary @$7,000 per year, and $15,000 for miscellaneous costs such as printing, mailing, phone, etc., for a first-year total of $42,000. The Texas Office of Early Childhood Development expanded to approximately $90,000 and required a staff of six for its information dissemination objective.

PART II

Three Needs Assessment Models:

Idaho

North Carolina

Texas

The Needs Assessment Process in Idaho

By Howard Schrag, Ph.D.
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The Idaho Office of Child Development (OCD)* was created by an executive order issued on November 15, 1971. Creation of the Idaho OCD by Governor Cecil D. Andrus was the result of a commitment from the Department of Health, Education and Welfare (HEW) in Washington, D.C.; the federal HEW Region X; the federal Office of Child Development; and the Idaho State Interdepartmental Committee on Children and Youth.

The need for such an office was noted when the Idaho Interdepartmental Committee on Children and Youth attempted to acquire information concerning children in the state from birth to age 6. The committee ultimately concluded that although children's needs could be defined, how well they were met and what services were provided could not be identified unless a major study was undertaken. Hence, the executive order charged the Idaho Office of Child Development with the responsibility of investigating all services available in the state to children from birth to age 6.

The office was asked to identify gaps and duplications in services, with the responsibility of developing a comprehensive implementation plan designed to eliminate such duplications and designed to provide needed programs to fill existing service gaps. In fulfilling this responsibility, the office was charged with making an extensive fiscal review of state and federal program funds and developing program implementation priorities.

In general, the philosophy underlying these responsibilities was to make services available to and supportive of the basic family unit.

In order to assess the needs, it was necessary to develop a conceptual model that helped describe the needs in operational terms. A model based upon the life of a child from before conception to 6 years of age was utilized, and points along this continuum where less than optimal outcomes could occur were noted; e.g., rubella (German measles) can cause handicapping in the unborn child if contracted by the mother during the first trimester of pregnancy. The needs assessment then

* Expanded in July 1974 into the Idaho Institute of Human Development (IIHD) by use of existing legislation.

centered around these points and the appropriate action (making pertinent resources available and aiding in their utilization) that could be taken to prevent undesirable outcomes. The model thus became an educational, preventive, early intervention and, in general, family-support model.

Before any survey activities were undertaken, a search for all existing data was initiated. The search saved gathering data that already existed and, at times, provided information in compiled form that would be difficult to gather. Several types of information were uncovered that should be available in other states as well. The sources for this information included census data, vital health statistics and special studies by various departments or offices. Some of the agencies that supplied relevant data included the Idaho Comprehensive Health Planning Department, Children and Family Services in the Department of Social and Rehabilitative Services and the state Planning and Community Affairs Department. During this search, we often found that significant data had been gathered but remained in raw form. Our office then made arrangements to summarize the data and render it in meaningful form. This type of data proved to be of greatest value because it provided measurements over several years, thereby indicating trends.

THE PROCESS

Charged with the responsibilities issued in the executive order and having developed the conceptual model identifying needs, the Idaho OCD launched six major and two other activities. Forming the base of the needs assessment process in Idaho, our major activities included:

(1) *A vendor survey,* which examined the providers of children's services.
(2) *A clientele survey,* which looked at the users of such services.
(3) *A pre-, peri- and postnatal survey,* which studied both consumers and vendors of services pertinent to those parts of a child's life before, during and for one year following birth.
(4) *Community speak-outs,* held strategically statewide to gather attitudinal information from consumers of services.
(5) *A literature review,* to broaden our knowledge base regarding children through age 6.
(6) *A review of all Idaho legislation* relative to children.

With the results of the surveys in hand, it was possible for the OCD staff to profile the various factors and to proceed with two other activities:

(1) Correlate the needs and the services elicited by the surveys with their appropriateness and acceptability by the public.
(2) Identify barriers to the resolution of existing needs.

The Vendor Survey

The first major activity was what we called an Agency Service Survey, or the *vendor survey*. It was carried out by three research assistants who attempted to locate every agency, public or private, that was providing services to children in the state of Idaho. The methodology used was similar to that employed in gathering census information, in that it comprised face-to-face interviews with, in this case, the directors or assistant directors of each agency. Those types of agencies included in this survey were: day care centers; day care homes; kindergartens; organizations such as planned parenthood, the Elks and Lions; and public agencies such as health, welfare and education.

The vendor survey attempted to identify sources of funding, types of service, number of children served (this number was broken down into those screened, diagnosed and treated for such services as medical, educational, etc.) and cost per child. In addition, each director or assistant director of the types of agencies named above, where pertinent, was asked to provide the number of children screened, diagnosed or treated through the previous four fiscal years. This information later provided a projected growth rate of particular service.

Once the vendor survey was completed, it was utilized in two ways: (1) to identify all resources that were available and the specific needs they were meeting and (2) to provide information concerning both overlaps and gaps in terms of the needs being fulfilled through the identified resources. One of the spin-off values of the vendor survey was the publication of *Services for Children and Families in the State of Idaho (Idaho OCD, November 1972)*, which catalogued approximately 95 percent of the services available at the time.

The Clientele Survey

In conjunction with the vendor survey, a second undertaking was initiated—the *clientele survey*. This survey interviewed at random 962 families that had children from birth to 6 years of age. Within these families 1,459 preschool children were found. Again, the process consisted of face-to-face interviews, arranged by appointment, with the parents and the children in the family.

Information gathered by the interview included the following: name of the respondent, address, city and county, age, sex, race, educational level and employment. The same type of information was obtained for the spouse. Marital status was determined, and income ranges were used to establish the approximate yearly income. Additionally, housing data were gathered concerning whether the house was rented or owned, whether all the plumbing facilities were in place and if all kitchen facilities were installed. A density factor was calculated (rooms per person); inside-outside play areas were evaluated for ade-

quacy; and interior and exterior safety hazards were noted, as well as such factors as cleanliness and sanitation.

Each preschool child was listed by name, age and sex. Information was then gathered concerning the child's social, informational and language attainment. Developmental scales were used so that the interviewer could make these assessments and so that the information necessary to assess the developmental level in the previously mentioned areas of attainment could be solicited from the mother or the father.

A series of general knowledge questions was asked, including such things as where one could obtain immunizations and family planning information. Queries were also made as to whether the family visited a pediatrician or family doctor, how often family members visited the doctor, whether they had ever been refused health services and ideal family size.

Information concerning the utilization of agencies was solicited. Parents were asked if they had ever used an agency and, if so, what type of service was provided and if they were satisfied or dissatisfied with that service.

Questions relating to child care were included in the survey, and an attempt was made to determine its utilization for employment, leisure, schooling or other types of activities. The following 10 categories of child care were used: (1) hours in school, (2) self-care, (3) sibling care, (4) care by a relative or friend living with the family, (5) care by a relative or friend outside of the home, (6) hired sitter in the home, (7) hired sitter outside of the home, (8) family day care home, (9) group day care home and (10) day care centers. Each type of care was rated as satisfactory or unsatisfactory. Further information was solicited concerning the number of hours the care was utilized and the cost per hour.

Several opinion and attitude questions were posed regarding child development programs, including whether such programs would be viewed if they were available on television, whether child development material such as booklets and pamphlets would be utilized if they were available and what types of preschool programs they would like to see in their community.

The clientele survey also included a health form for each child. It sought to obtain information concerning the child's immunization record and any chronic and acute health conditions. This latter information included questions relating to accidental injuries usually occurring within the home or in the neighborhood. Motor vehicle safety practices were evaluated for such things as the use of safety belts or

safety seats. Finally, the survey identified any handicapping conditions the child or children might have.

Once this part of the face-to-face consumer interview was completed, a final instrument was left with each parent for evaluating the nutritional intake of his or her child. The interviewer explained how to use the instrument, which consisted, in part, of a sheet of instructions indicating how the foods were to be listed. Actual data obtained included the time of day the food was eaten, a description of the food, the amount and whether it was eaten at home or elsewhere. Additional information regarding the use of vitamin or mineral supplements was solicited. Information of this type was recorded for three consecutive days and then the parent mailed the information to the Idaho OCD in a prepaid envelope.

Prenatal, Perinatal and Postnatal Survey

The third major activity was a survey dealing with consumers and vendors of service in the prenatal, perinatal and postnatal portions of a child's life. It was carried out in conjunction with the Western Interstate Commission on Higher Education (WICHE) in Boulder, Colorado, and with Ralph J. Wedgewood, chairman of the department of obstetrics and gynecology of the University of Washington Medical School.

Two medical students, one from the University of Washington and one from the University of Oregon, conducted the survey throughout Idaho. They interviewed physicians to acquire information about hospitals and examined, under the authority of the state health department, individual maternal and child records. To preserve confidentiality, patient records were presented without names. The physician interview queried the doctors' utilization of genetic diagnostic studies and counseling services and solicited opinions concerning the improvement of prenatal care. It asked questions regarding the first time contact or medical care was sought among their patient population by trimester, as well as the number of deliveries each doctor made during the year, the types of services the doctor provided during the postnatal year and the percentage of patients using all to none of the postdelivery visits to the child's doctor.

Questions regarding the use of lab facilities were asked, cases of lead poisoning were documented and the number of infants born to drug-addicted mothers was obtained. Information concerning the provision of family planning services, by referral or by the individual physician, was solicited. The average monthly initial request rates for abortion referral services were sought, as well as the percentage of these requests involving married women and the percentage involving high-risk situations. The percentage ultimately receiving abortions was estimated.

Individual record forms for the child and the mother recorded such things as the length of gestation, sibling order, history of congenital anomalies or other risk situations. It sought information on the use of special medical procedures during delivery, the type of birth presentation and the presence of diseases in the mother that may have complicated the pregnancy. Forms were also reviewed for APGAR scores [*a scale of 1 to 10, used routinely to judge an infant's physical responses and condition—color, heart note, muscle tone, reflexes and cry—at one minute and five minutes after birth*]. The percent of poor scores was noted. Hospitals were queried for information on equipment necessary to administer oxygen, to monitor respirations, and for the incubation of infants. The availability of various kinds of consultants, including neurologists, anesthesiologists, radiologists and surgeons, was also determined.

Another major question on this survey regarded the transport of sick newborns to other medical centers for specialized care and what kind of transportation was available. Information was also solicited regarding the availability of the equipment and expertise necessary for newborn or fetal exchange transfusions of blood and for fibrinogen and other transfusions for maternal bleeding, and for the administration of RHO human immune globulin.*

Information obtained in this survey was then compiled, and a technical volume entitled, *Prenatal, Perinatal and Postnatal Status of Children in Idaho, 1973*, was issued by the Idaho OCD.

The Community Speak-Outs

The fourth major activity attempted to obtain community input concerning the needs of children as those needs were viewed in the various communities. This part of the project was sponsored by a Community Coordinated Child Care (4-C) grant received from HEW in Washington, D.C. The public speakouts were the major vehicle for obtaining this information and were held in major planning areas throughout the state in order to provide adequate input from the various planning regions.

Information obtained through the speak-outs indicated that communities viewed some of their major problems primarily in terms of needed services. That is, they wanted quality day care, infant day care, day care with sliding fees, kindergartens, more preschool screening and early diagnosis of problems, well- and sick-child clinics and more early educational opportunities. The need for more and better day care was mentioned most frequently.

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*[*Ed. RHO human immune globulin is given by injection to Rh negative mothers after delivery of an Rh positive baby to prevent the development in the mother of antibodies that might adversely affect the next pregnancy, if that baby is also Rh positive.*]

Next in frequency came reference to some type of early intervention and prevention programs for children who are handicapped or potentially handicapped. Pertinent comments ranged from expressing a desire for more early diagnosis of problems and special education programs at the preschool level to programs for the mentally retarded and programs for those children with a speech handicap or those showing a lag in early developmental skills.

The Literature Review

The fifth major undertaking was a review of the literature relative to the period extending from before conception through 6 years of age. This was a very broad review and a vital part of the needs assessment process in that it formed the rationale and basis for further planning and program development for children's service in Idaho, i.e., it provided information concerning programs that had the potential for meeting needs made evident in the assessment.

For instance, if a need is demonstrated or assumed for preventing birth defects caused by exposure to German measles during pregnancy, a program designed to meet that particular need can be realistically initiated. Rubella vaccine can be administered anytime *except during pregnancy and three months before conception,* thereby protecting potential mothers from contracting German measles during a pregnancy. Such action is intended to safeguard the unborn children of pregnant women who might otherwise contract the disease.* (These inoculations are usually given in childhood.) As this example indicates, a program can be set up and administered so that crises such as the German measles epidemic, which occurred nationally in 1966 and left in its wake an estimated 35,000 handicapped children, need not happen.

The review was also important in the sense that it provided information about where programs thus far have failed to meet a need. For example, such a need can be demonstrated with relationship to certain viruses; yet the technological capabilities to prevent outbreaks of such viral diseases are not available and, hence, a program aimed at complete prevention cannot be developed.

A Legislative Review

The Aspen Systems Corporation, a computer-information firm based in Germantown, Maryland, was asked to perform a search of the Idaho Code for all statutes pertaining to children. This was the sixth major activity and provided quick and easy access to statutes relating to

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*[*Ed. It can now be determined by a blood test if an individual has been exposed to German measles. Laws in some states now require that this test be given to women for issuance of a marriage license.*]

the needs of children. Information concerning the need for changes in the statutes was frequently obtained during the vendor survey or by contact with child development specialists outside the state.

COMPILATION OF RESULTS

The discussion of needs, programs and statutes demonstrated the reason for initiating a vendor survey, a consumer survey, a review of the literature, a code review and a prenatal, perinatal and postnatal survey. The information gained from these activities was then placed in profile form. Figure 1 provides an example of some of the needs studied and the resources being used to meet these needs. Close examination reveals duplication in services, overlapping of the private and public sectors (tax-supported) and gaps in the services delivery system.

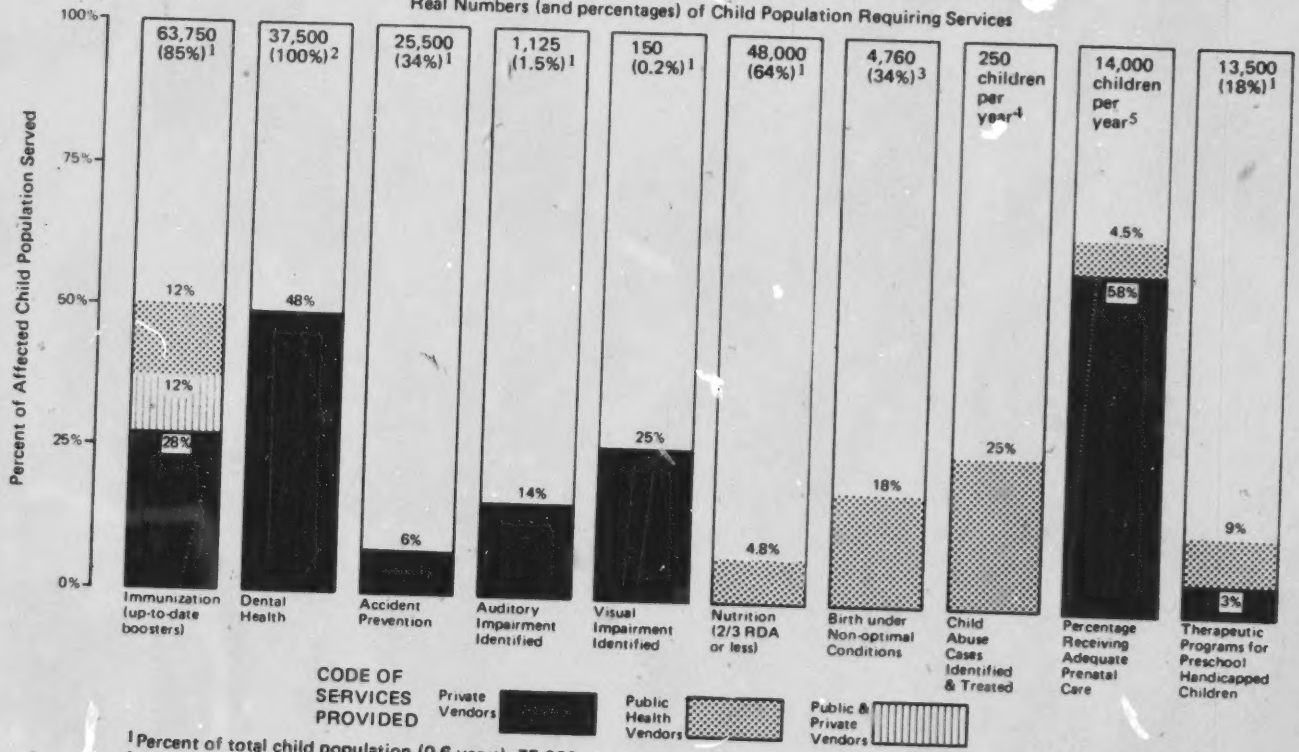
The estimates of met and unmet needs can be made as complicated or as simplified as one wishes. For instance, in Idaho it has been determined that slightly more than 52 percent of all the state's children were up to date on their booster immunizations. (This, however, may not be accurate for rubella, rubeola or other immunizations if graphed separately. Each one of those could be broken down individually and represented in the same manner.)

It should be noted that the vertical axis on the left part of the chart represents 100 percent need; this does not necessarily mean 100 percent of the population. For example, with regard to immunizations, only 85 percent of the child population (0-6 years) in Idaho needs to be immunized in order to prevent an outbreak or epidemic. Hence, since the need is only 85 percent, slightly more than 50 percent of that need has been met in Idaho. If one assumes that 85 percent of the state's children require immunization if epidemics are to be avoided, then an estimate of need can be arrived at by multiplying the state's population of children, birth to age 6, by 85 percent.

It is then not difficult to determine the size of unmet need by referring to the clientele survey results and projecting the number of children actually immunized. Similarly, estimates can be made of the number of children with visual or auditory impairments since percentages per child population of these impairments are generally known to be 0.2 percent and 1.5 percent respectively.

In Idaho, estimates of amount of need were also made in such areas as nutrition, child abuse, prenatal care, special education and other categories of special need. During the survey, examples of need were found that were somewhat surprising. For example, accident prevention had virtually no active program intervention in the state; yet approximately one-third or more of the total population of young children are injured each year to the extent that they must receive treatment from a physician. The only apparent groups working in this

Figure 1: Estimated met and unmet needs of Idaho children at appropriate ages (1972)



[1] Percent of total child population (0-6 years), 75,000.
[2] Refers to 3-, 4- and 5-year-olds only.
[3] Of total births per year.
[4] Calculated from national figures.
[5] Total births per year.

41

area are private ones that work on a national basis using public media time in order to convey their message.

This type of profiling can be used with a variety of needs and programs as illustrated in the figure. An additional example is that of nutrition where two-thirds or less of the Recommended Dietary Allowance (RDA) was being received by 64 percent of the children included in the survey, yet the U.S. Department of Agriculture home extension programs had touched fewer than one percent of the homes involved in the survey.

Child Care Services

Table 1 reviews the types of child care (with related factors) used in Idaho. The data, gathered during 1972, divided the types of care into nine categories. This table shows that only two percent of respondents used day care centers, one percent used group day care homes and four percent used family day care homes for a total of approximately seven percent using these types of facilities. The remainder used sitters outside or within the home, friends or relatives outside or within the home, sibling care or self-care.

The "alternatives wanted" were calculated, in an attempt to indicate in which direction a shift might occur, for those who were dissatisfied. The information showed that a general shift toward sitters in one's own home or toward the day care center is likely to occur with those who express dissatisfaction with their present child care arrangement. It can also be noted that the hours of utilization per month increased as one progressed from self-care to day care center utilization.

ATTITUDINAL PERCEPTIONS

When a comprehensive profile of the needs in a state or community has been completed, the next step involves the meshing of those needs with the acceptance of their existence by the public and the public's willingness to participate in meeting those identified needs. Various activities can be utilized to obtain a general indication of the public's potential response to the needs as evaluated by the organization. These methods include public forums such as the speak-outs, public polls, hearings, etc.

It has been noted in Idaho that the public forum or speak-out constituted a major vehicle for input in the planning of programs. Additionally, an attempt was made to evaluate certain differences existing between conservative and liberal groups. Using Osgood's Semantic Differential Technique*, the most conservative county and

*Charles E. Osgood and James G. Snider, eds., *Semantic Differential Technique* (Chicago, Ill. and Newark, N.J.: Aldine & Atherton, 1972).

TABLE 1

Types of Child Care Used in Idaho (1972)*

	Self care	Sibling care	Relative or friend living with family	Relative or friend from outside home	Hired sitter in own home	Hired sitter outside home	Family day care home	Group day care home	Day care center
Utilization	17%	10%	2%	26%	34%	4%	4%	1%	2%
Dissatisfied	1%	1%	6%	5%	6%	9%	14%	17%	16%
Alternatives wanted (dissatisfied only)	0	0	0	5%	31%	2%	10%	5%	47%
Mean hours of use per month	14	14	37	16	11	50	65	55	81

**Data based on a two percent random sample of Idaho families (clientele survey sample) having children 0-6 years.*

the most liberal county in the state (as determined by voting records of the 1972 Presidential election), were polled with regard to connotative responses concerning both needs and services.

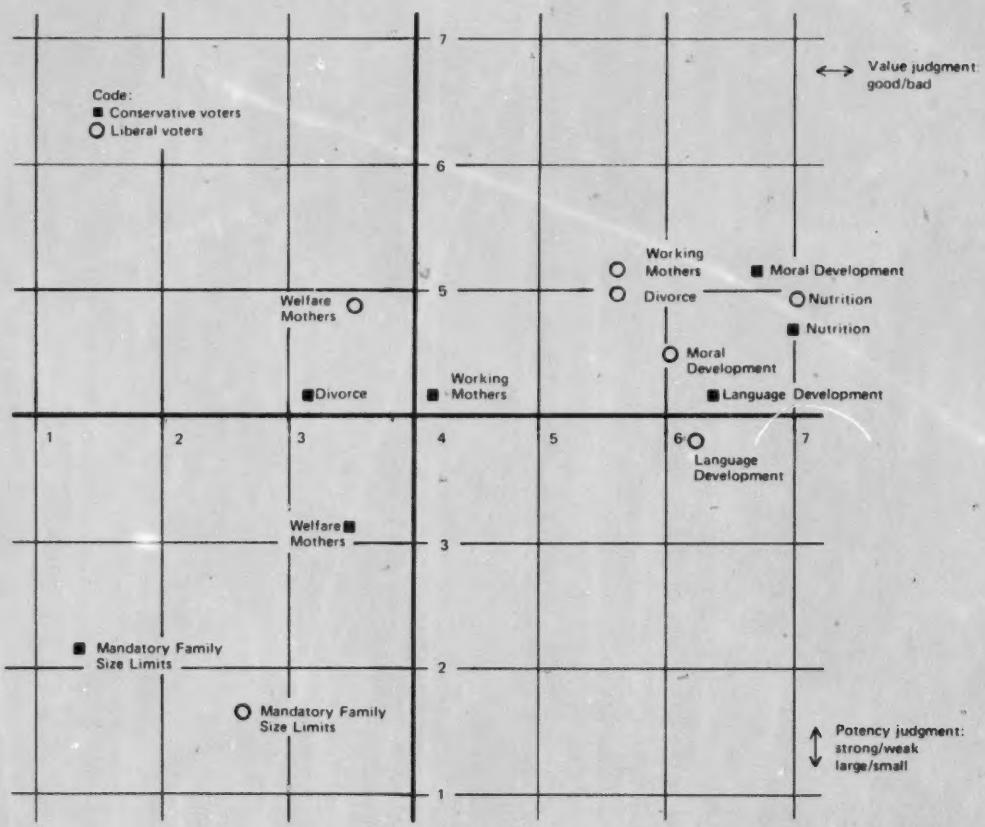
A word of caution is appropriate. Throughout this entire process one must be aware of the separation of needs and services. For instance, nutrition; dental health; appropriate family environment; and proper physical, cognitive, moral and social development may be considered needs. Services provided to meet some of these needs may include parent training, preschool screening, foster care services, day care homes, child welfare services, private health clinics, community-funded programs, child counseling and mental therapy.

Some results of the semantic differential technique can be observed in Figure 2. The horizontal axis represents a judgment (evaluation) in terms of good or bad, valuable or worthless, or something of that nature (using a scale of 1 to 7, with 1 being of no value and 7 of greatest value). The vertical axis represents a judgment in terms of whether the need is large or small (1 small and 7 large) or the program is weak or strong (potency). Needs, such as moral development and nutrition, were considered as very desirable kinds of goals to try to obtain. The conservative and liberal groups did not vary greatly in their mean responses to the majority of items presented.

However, differences can be noted with reference to terms such as family size limits, divorce, welfare mothers and working mothers. Because the conservative-liberal split in Idaho primarily involves specific values, it could be anticipated that divorce, for example, might be evaluated very low by one group and be somewhat more acceptable by the other. One can assume that a great deal of affect will be attached to an "anchor term" such as *divorce*, and predictions could be made as to which direction the effect will take. Hence, such terms were used in the semantic differential survey.

On the basis of anchor terms, the means of other terms and their standard deviations can then be evaluated to determine if they are appropriate in the development of materials to encourage the enhancement of child development programs in the state. One must be careful when the standard deviation is large and the term's mean is near the neutral point of 4 in the graph. This may indicate a rather flat or bipolar distribution that should be warning signs to prevent one from utilizing those terms in the development and discussion of statewide child development programs. From that information, one can extract data that are acceptable to the community and represent unmet needs. This information can then be disseminated to the public by means of pamphlets or small booklets explaining the needs of children, the consequences of not meeting the needs and the types of resources necessary to meet those needs.

Figure 2: Evaluative and potency dimensions of concepts concerning child development – contrasting liberal and conservative voter views (Idaho – 1973)



BARRIER IDENTIFICATION

A careful analysis of identified needs usually leads to the conclusion that each need exists because of barriers that prevent its alleviation. After analyzing the various needs found in our surveys, we concluded that *six major barriers* could be identified and categorized. These categories are large and do not refer to a single barrier but, rather, each may include a number of sub-obstacles or barriers with entirely different definitions or meanings or modes of operation.

An analogy may be found in taxonomic classification. Classifications such as mammals, birds, reptiles, etc., contain within each class a great variety of families and species. Birds may vary from flightless penguins to the rapid-winged hummingbird. It is the same with these six broad classifications of barriers.

The barriers we have identified include administrative and organizational barriers, fiscal, legislative, technological, social and informational (communication) barriers. These six barriers, if thought of in the broad sense, seem to encompass most of the problems one must manipulate in order to meet needs. Table 2 presents a list of some of the needs found through the survey and barriers that seem to exist, thus preventing the amelioration of each need. As can be observed from Table 2, the major barrier appears to be that of inadequate or improper information or communications systems. This barrier refers primarily to the provision of adequate child development information to potential and present parents, legislators and government officials.

The *fiscal, administrative/organizational and the legislative barriers* are responses of the political system. They may have both positive and negative impacts. In the past, these political responses have tended to establish specific administrations and organizations through legislation and finance for the amelioration of specific needs. At the present time this approach is questionable. While this type of activity has proven beneficial, it has also presented certain limitations by attempting to *legislate programs* rather than to *provide a process* whereby needs may be assessed and programs then developed to meet those needs. Hence, if needs are not equivalent throughout the region of jurisdiction, the legislation of programs tends to perpetuate existing inequalities. A better approach would ultimately be to *legislate a process* whereby needs may be assessed, programs developed and indicators used to monitor progress toward achieving the goal of meeting identified needs.

Using this type of process should ultimately lead to more relevant programming. Development of manpower able to utilize the process could be the first step in shifting from legislating programs to legislating a process whereby needs may be more effectively met.

TABLE 2
Needs of Idaho's Children and Barriers Preventing Their Gratification

NEEDS	BARRIERS					
	Administrative	Legislative	Fiscal	Technological	Social	Communication (informational)
Child Nutrition	X			X		X
Low Birth Weight (risk infants)		X				
Prenatal Care			X			X
Education for Parenthood				X	X	X
Health Care	X	X	X			X
Immunizations	X					X
Eye Care	X					X
Dental Care						X
Emotional Environment						X
Handicapped Children	X		X		X	X
Accidents			X			X
Foster Care			X			X

An X in the table indicates the presence of a barrier whose removal must be carefully examined.

Various processes can be used to remove or modify some of the barriers. Reorganization and reassignment of job activities based upon objectives concerning alleviation of needs can have the desired outcome of removing at least some administrative or organizational barriers. It is worthy to note that the three levels of government with their various regulations complicate this endeavor, as does the flow of fiscal resources within their various restrictions. The private sector presents an additional factor that must be considered. Coordination through the development of interagency plans is another method of bringing resources to bear upon the areas of need.

Some needs are neither highly visible nor critical in nature, yet they suffer from the effects of fiscal barriers. The entire area of prevention has been underfunded and lacks emphasis because it has neither characteristic (visibility or crisis nature). Removal of this barrier may well depend upon the removal of other barriers including informational, technological, sociological, etc. The traditional lobbying effort represents the process that is utilized most often in removing this and the legislative barrier.

Social barriers are more difficult to handle because they involve values, mores and ethics. One way of approaching unacceptable or controversial issues is to raise tangential issues that are acceptable and that may ultimately result in the basic need surfacing and being accepted. Such acceptance calls for a change in behavior and attitudes, a difficult and lengthy process. For example, witness the lifestyle changes that must occur during the 1970s and 1980s in order to accommodate basic technological problems in the areas of energy conservation and utilization.

Technological barriers frequently involve either fiscal or informational barriers and breakthroughs in their development often take a great deal of time. For example, the threat of rubella and its potential damage in terms of handicapped children was recognized in the early 1940s, yet the serum needed to counteract the virus was not developed until the late 1960s. Its development was slow and required much time and energy. The process involved in the removal of the technological barrier is frequently that of scientific investigation.

The last barrier, the **informational barrier,** may prove to be the most easily overcome. Communications systems, such as the telephone, television and radio and printed media, are viable means of disseminating needed information. In selecting a medium, one must consider the audience he wishes to reach, media usage and motivational levels at various times.

While all of these barriers may act singly or in unison to promulgate the need, appropriate analysis and action can lead to manipulation or removal of the barrier and amelioration of the need. We have basically reviewed a process that can be applied to most need assessments.

REVIEW OF THE PROCESS

In review, assessing children's needs in Idaho involved:

(1) Developing a philosophy upon which a model is based.

(2) Defining the boundaries of the model.

(3) Searching for existing data.

(4) Developing instruments to collect missing data.

(5) Integrating the need and program data in a meaningful form.

(6) Analyzing barriers to the alleviation of needs.

(7) Assessing public responsiveness.

(8) Utilizing processes available to remove or manipulate barriers in order to obtain desired outcomes.

Later, when one initiates appropriate programs to meet specific needs, he will also want to initiate a program to monitor the progress of such alleviation. (Social indicators again become a valuable tool.) Each planner will find that the process contents will differ depending upon the subject under review and the information at hand. However, the process will remain basically the same for most assessments of need.

The LINC Child Care Services Assessment*

By John Hawes
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Learning Institute of North Carolina (LINC)

The statewide assessment of child care services in North Carolina developed from a genuine concern for the welfare of young children in the state expressed by public officials and officials in private, professional and service organizations and others.

It was the direct result of a conference held in February 1972 sponsored by two foundations whose primary commitments were to the support of educational programs in North Carolina—the Mary Reynolds Babcock Foundation and the Z. Smith Reynolds Foundation. The two foundations were receiving an increasing number of requests for funds to support child care programs throughout the state. By calling together a group of people who were knowledgeable about child care services in North Carolina, staff members of the two foundations hoped to develop some directions for the most effective ways to use their funds.

It quickly became evident at this conference that even those persons working most closely with the topic had very little real data about the status of out-of-home child care in the state. It was agreed by participants at the conference that before informed decisions could be made, not only by the foundations but by professional groups and public officials, hard facts indicating what needs existed would have to be gathered.

About North Carolina

North Carolina is the 12th largest state in the nation with a population of about 5.25 million persons. There are nearly 1.3 million families and some 530,000 children under 6 years of age. About one-half (214,000) are children of mothers who work or who want to work.

The state may be divided geographically into three major regions: the eastern coastal plains, the central piedmont region and the western mountain area. The population is rather well distributed throughout the state and there are no large metropolitan areas. There are a

*[*Ed. Some of the material that follows appeared previously in* ***Who Cares For Children?: A Survey of Child Care Services in North Carolina*** *(Durham, N.C.: Learning Institute of North Carolina, 1974).]*

number of small cities located on a 200-mile arc through the piedmont region which support the bulk of the state's industry. The east and the west are largely rural in character with an economy that is principally agriculture related.

The state of North Carolina has provided services for its children and youth through a variety of means. Schooling has been compulsory for children ages 7 through 15 for many years. For almost as long, it has been optional for 6-year-olds. Currently, kindergartens are being phased into the public school system. Public schools accommodate about 97.7 percent of the state's children who are enrolled in school. A number of health and other social services support needs of children and their families, at least in theory, but the delivery of these services is varied due to funding and to local conditions.

THE PURPOSE

It is assumed by some that: (1) there is a shortage of child care services, (2) many places refuse to accept handicapped children, (3) federal child care programs do not serve all eligible children and at times are capriciously redirected so that they traumatize and neglect the children they were designed to serve, (4) many child care facilities offer custodial care rather than comprehensive services, (5) parent involvement is minimal and (6) many preschoolers fail to receive medical checkups and inoculations until they enter the public schools.

Knowing that it would be difficult to obtain a strong commitment to act on these assumptions until they could be substantiated with concrete statistics, the two foundations invited the Learning Institute of North Carolina (LINC) to develop a proposal for the conduct of a county-by-county survey of child care services. The proposal was accepted and funds were granted to LINC in the summer of 1972.

The Learning Institute of North Carolina is a nonprofit corporation established in 1964 to engage in educational research and development within North Carolina. It is sponsored by the state board of education, the North Carolina State University System and Duke University. Its board of directors includes the chief executive officers and board members of the sponsoring organizations; the governor of North Carolina serves as chairman of the board.

To help direct the study, an advisory group called the Children's 100 was formed by LINC in September 1972. Membership of the Children's 100 was drawn so as to be broadly representative of appropriate state and local agencies, colleges and universities, professional and civic organizations, operators of child care services and parents of children enrolled in preschool programs.

Mary Semans, a prominent civic leader in the state, was asked by LINC to be chairman of the Children's 100. She established a committee structure to carry out the functions of the group. In addition to

a steering committee, subcommittees were formed to study such topics as:

(1) Consumer education, as it related to child care services.

(2) Ancillary services, such as those obtainable from the departments of social services and health, etc.

(3) How to provide for a clearinghouse for human and material resources.

(4) The organization of state services for children.

An early decision was made to conduct the assessment on a county-by-county basis and to survey a large sampling—over 50 percent—of all child care facilities identified. It was also determined that the survey would include "enrichment" programs like part-day kindergartens and nursery schools as well as day care services.

The Learning Institute asked the Durham (North Carolina) Community Planning Services Task Force on Day Care to conduct a pilot study in Durham County (N.C.) in November 1972 to test the survey materials and procedures. In February 1973 a report on Durham County child care was presented to civic leaders and the local news media. The results of the pilot study indicated that the materials and procedures were basically sound and that it was feasible to continue the statewide study as planned.

THE STATEWIDE SURVEY

With survey techniques, materials and procedures put into final form, and with the training program for volunteers tested, the statewide survey got under way.

Volunteer chairmen for each of the state's total 100 counties were recruited, and a series of eight regional meetings for chairmen was held in March 1973. The chairmen then recruited and trained volunteers in their counties from organizations like the League of Women Voters, Junior League and garden clubs. About 600 volunteers were involved in the survey.

The Learning Institute compiled a list of known child care services in each county, drawn from state registration and licensing applications and membership rolls of various professional early childhood organizations and sent this list to the pertinent county chairman. The chairman then checked the list and, using such sources as classified telephone directory listings and newspaper advertisements, added any other services known to be operating in the county.

The list was then returned to LINC, where staff members made a stratified (by type of child care service) random selection, choosing about one-half of the child care services in each category to be surveyed.

Classification of Services

The key factors used to classify child care services were *length of daily operation* and *number of children enrolled*. Many places that called

themselves day care homes, kindergartens or nursery schools were classified for the survey as day care centers. Some places were actually multiple-service operations, for example, those having separate and special half-day programs for 5-year-olds operated in conjunction with a day care center for younger children. For these multiple-service operations (day care centers and kindergartens, in this case) separate sets of data were collected and entered for each program. There were 382 multiple-service operations.

Child care services were divided into four categories for the survey:

(1) *Day Care Centers.* Six or more children are cared for in a program running four or more hours a day (whether licensed or not).

(2) *Day Care Home.* Two to five children are cared for in a non-relative's home for periods of four or more hours a day; or a mother of a young child or children cares for other children (a total of up to five children, including her own) in her home on a regular basis for more than four hours a day.

(3) *Nursery School.* Any number of children younger than 5 years of age are cared for in a morning or afternoon program of fewer than four hours a day.

(4) *Kindergarten.* Five-year-olds are cared for in a morning or afternoon program of fewer than four hours a day, or there is a special program for 5-year-olds, regardless of daily operating hours (140 of the 1,215 kindergartens apparently are open eight or more hours a day). Number of children enrolled is not a consideration here for definition purposes.

Institutions offering special care for preschoolers, such as orphanages, hospitals and foster homes, were excluded from the survey.

For the LINC survey, and for this report, the terms *custodial care* and *comprehensive care* are defined as follows:

Custodial care: provides for the safety of the child. It also provides food appropriate to the age of the child and the number of hours the child is in attendance.

Comprehensive or developmental care: provides for the safety and food needs of the child. In addition, it provides a variety of health, educational or social services.

This set of definitions, drawn directly from the LINC survey questionnaire, represents the choices that child care services directors had to make when classifying their programs. Clearly, there are a number of programs that offer services somewhere between or beyond these two definitions.

Survey Factors

County chairmen then made survey assignments to their volunteers, who interviewed representatives of the selected child care services to complete the questionnaires. Most interviews were personal and most were held with the director of the child care service.

The survey was conducted at the same time that required licensing procedures for day care facilities were first instituted in the state, with a deadline for licensing and registration only a few months away. Although the overwhelming majority of those selected for the survey did cooperate, those who refused to be interviewed often cited licensing as the reason. Many felt the LINC survey was somehow connected with the licensing effort or said they had already spent too much time providing data about their operations to outsiders. The majority of those who refused to be interviewed were operators of day care homes.

The only questions frequently unanswered were those asking for monthly per-child and total operating costs. Almost 15 percent of those interviewed either refused to provide this information or said they did not know what their operating costs were. For those who refused to be interviewed, substitutes were selected, at random, by categories. (See Appendix A for details of the questionnaire.)

COUNTY REPORTS

Between August and November 1973, LINC processed and interpreted the individual county reports. Copies of these reports were sent to news media; school superintendents; Children's 100 members; pediatricians; county survey chairmen; directors of county departments of health, mental health and social services; state legislators; and county commission chairmen in each of the state's 100 counties.

Extensive coverage of the county surveys, and of the resulting reports, was given by news media across the state. Articles appeared in virtually every newspaper in the state. In addition, 78 radio stations and 19 television stations carried public service announcements about the survey, and 8 television stations carried in-depth discussions about the survey on interview programs featuring county survey chairmen and LINC staff members.

Complete sets of the county reports have been requested and supplied to the state Office of Child Development [*now called the Office for Children*]; the Child Day Care Licensing Board; and to the divisions of health, mental health and social services of the state's Department of Human Resources. In addition, more than 300 individual county reports have been requested by various individuals and agencies throughout the state.

During the months that the data were being collected by the more than 600 volunteers who had been recruited to conduct the county-by-county survey, the subcommittees of the Children's 100 continued their studies. A final meeting of the Children's 100 was scheduled for April 1974. At that meeting, the report of the data and the work of the subcommittees were reviewed and recommendations prepared. All the material was put together in a report entitled, *Who Cares for Children?: A Survey of Child Care Services in North Carolina* (Durham, N.C.: Learning Institute of North Carolina, 1974) which was widely distributed to public and private agencies, policy makers and other interested persons.

One of the final recommendations made by the membership of the Children's 100 was that the group continue in operation for the purpose of promoting the implementation of its recommendations. It has continued and evolved from an advisory committee to a group with two ongoing purposes:

(1) To serve as an advocate for young children and their families.
(2) To provide a common meeting ground for many persons representative of the varied interests in young children in North Carolina.

The Learning Institute of North Carolina continues to provide staff support and sponsorship for the Children's 100.

Early Childhood Needs Assessment in Texas

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With the assistance of Diann McKee, Planner, and Nancy Cook, Research Analyst, Texas Office of Early Childhood Development

The Office of Early Childhood Development (OECD)**, Texas Department of Community Affairs, has been charged with providing leadership in meeting the needs of the young children of Texas. To realize that responsibility, OECD has formulated a strategy for action, the purpose of which is to facilitate service coordination and supplementation at the community level and which is the basis for a state plan on early childhood development.

The key aspect of this strategy, however, is that an efficient configuration of service capabilities is highly contingent upon the needs of young children and their families. And it is this assessment of needs that this paper describes. The various components of the assessment process in Texas, described below, are not discrete and their development is continuing. Initial efforts were begun in 1972.

A needs assessment is an appraisal or estimate of the lack of something that is requisite.It is the realization of a condition that requires relief in some fashion. To social agencies given the responsibility of serving the needs of client populations, the concept of assessment is hardly new. At the same time, assessment capabilities are ever changing and innovation in considering human problems and responding to them is constantly improving perspectives for human services.

The assessment of early childhood needs is a profoundly complex process. Assessment carried out in a state such as Texas—with its enormous size as well as heterogeneous population characteristics, life styles and attitudes—compounds the difficulty.

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**[*Ed. Now called the Early Childhood Development Division of the Texas Department of Community Affairs, 1975.*]

About Texas

Texas is vast and unwieldy. All of New England, New York, Pennsylvania, Ohio, Indiana, Illinois, with New England added again, equal Texas in square miles. The state has 254 counties, nearly one-tenth of all of the nation's counties. Connecticut, Rhode Island and Delaware together are the same size as one average Texas county. There is one Texas county almost as large as the whole of New England, yet its population is only 9,000, with 8,500 in one town.

Texas is extraordinarily diversified. It has 26 metropolitan areas—more than any other state. It has all the complexities of a metropolis as, for example, in Dallas or Houston; and yet it has a county larger than Massachusetts with a population of only 138! It is also truly multiethnic and multicultured. Texas has size and diversity that are unparalleled. At the same time, it is characteristic of many states.

The strategy for action utilized by OECD responds directly to this size and diversity. A state plan directed toward meeting the needs of the young children of Texas, by its very nature, has to be flexible, sensitive and variable. It has to be effective for all the divergencies of size, culture, complexity and resources imaginable.

An integral feature of this strategy is that action is determined by need. The coordination of resources, as well as the steps taken to assist from the state level, it was hypothesized, should be affected by the existing local problems of young children.

Within this framework, OECD came to realize that the application and interaction of five distinctly particular forms of needs assessment would be necessary to formulate, advocate, apply and implement a state plan for early childhood development. These elements, described later, are: (1) an information base, (2) regional forums, (3) a statewide survey of households, (4) social indicators such as the number of live premature births in a given county and (5) local assessments of need.

THE ASSESSMENT SYSTEM IN TEXAS

The focal point of needs assessment is a systematic response pattern. In Texas, the OECD early childhood needs assessment system is based on the intricate relationship and interaction of the five components and has resulted in the formulation and functioning of the state plan. Each component has particular value to the process.

The state plan can be accurately described as the culmination of a variety of events, at one stage, and the continuing operation of regular sequences and patterns at a later stage. The former stage refers to the product of initial inputs, that is, long-range planning and advocacy to

design and institutionalize a plan. The latter stage refers to the dynamic process of the plan itself: preparation or short-range planning (mobilizing resources, completing details, building knowledge) and implementation.

Naturally, the picture is not as neat as that, nor are the steps necessarily discrete or sequential. Long-range planning, advocacy, short-range planning and implementation are all dynamic and ongoing. However, they are cooperating elements and, as such, have particular requirements and characteristics that both assist the process in a distinct manner and must be triggered in a particular way.

The formulation of the five needs assessment components and the development of interactive processes between them with regard to long-range planning, advocacy, short-range planning and implementation were accomplished essentially through accretion. Over time, the components were as much dictated by the process of formulating a plan as they were contributory to the steps involved in that formulation.

Assistance in long-range planning for the state plan necessitated *an information base.* That base was to supply regularly collected data from as wide a variety of sources as possible. It was realized that this information base alone was insufficient for the complete task of plan formulation. Therefore, it was determined that conducting *forums throughout the state* to hear the concerns and priorities of the people could secure the additional information needed. With that feedback incorporated, it became apparent that not only did forums supply assistance in long-range planning, they were also of particular value in advocacy for a state plan.

However, the detailed analysis of the characteristics and needs of young children and their families throughout the state remained unsatisfied by the information base and forums. A *statewide survey of households with children under* 6 was commissioned to provide information that was unavailable in order to complete the planning process. It was subsequently realized that this survey could serve as a superb advocacy device, since it detailed what had been unavailable information about conditions throughout the state and uncovered many evidences of critical need. Through the use of an information base, forums and the statewide survey, state plan stage one requisites—long-range planning and advocacy—were satisfied.

A Pre-Implementation Model

Once a plan is finalized and approved by a legislature, what are necessary tools for implementation? It was decided that *test of the plan in operation* was necessary and, consequently, special

demonstration projects were conceived and begun as pre-implementation models.

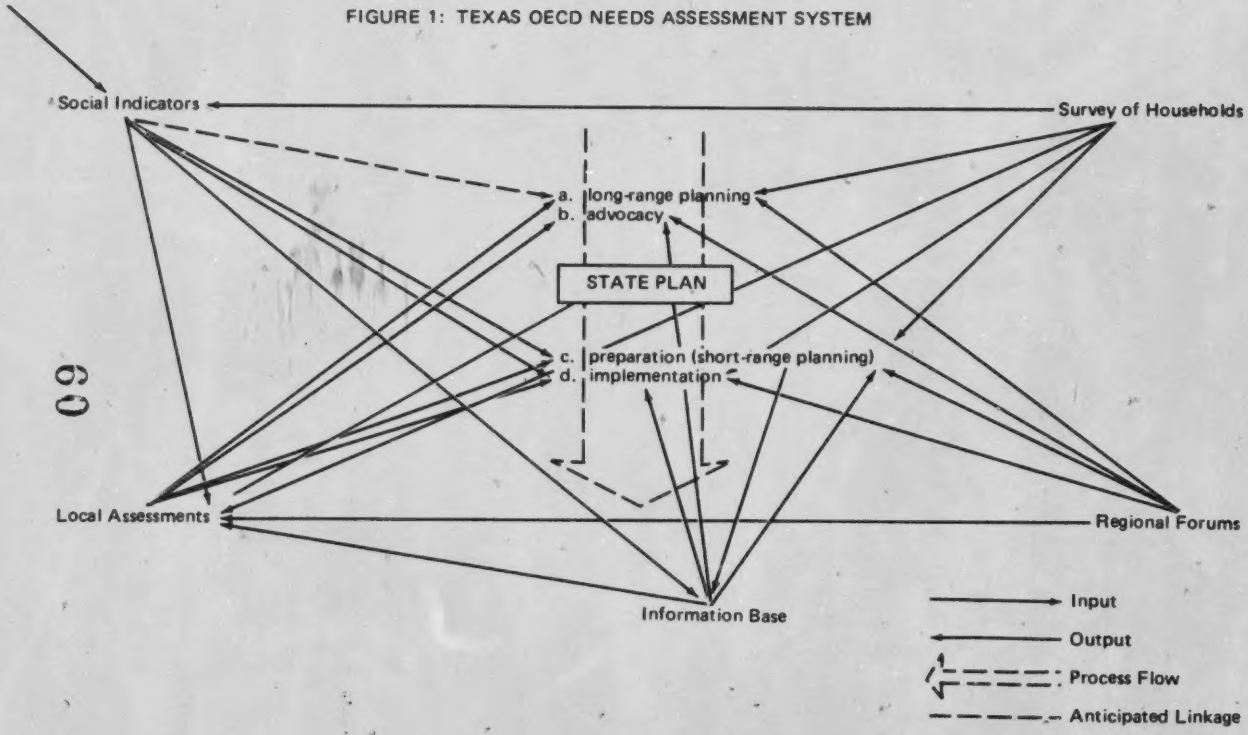
All Texas counties were considered for these projects. The basis for selection was the application of rudimentary indicators of need, such as the number and percentage of households with children under 6 that were headed by females, the median family income, the number and percentage of births that were illegitimate, the percentage of the child population in Aid to Families with Dependent Children (AFDC) familes, etc. Counties which scored the highest needs were chosen as demonstration sites. Once selection was completed, a planning process was initiated and closely monitored.

Local assessments of need were conducted and delivery capabilities were analyzed and considered. Finally, service configurations responsive to local needs were designed and developed. Four of the five needs assessment components—the information base, forums, the statewide survey and indicators—feed into the state plan development and implementation. The fifth component, local assessments of need, is a significant *product* of the plan, as well as a contributor to it. As such, the first four components act not only as inputs to the plan process, but they also directly assist the accomplishment of the fifth local assessments.

Besides comprising part of the output of the plan process, local assessments also serve the additional and necessary function of providing input for long-range planning and advocacy. For example, until a local assessment is made, we have only an assumption, based on the available data from a large area—a county or a Standard Metropolitan Statistical Area (SMSA). We don't know the characteristics *not* reported in regularly available data, such as child care patterns in families where the mother works: whether the child is cared for by a grandmother or aunt, or by a neighbor, or completely neglected. We don't know where the child care facilities are located or how supply compares to demand in various areas; we don't know what the family desires from child care—by way of type and characteristics of staff (if at all), of formal or informal arrangement, type of curricula, etc. In short, we have very little qualitative information; we are only crudely estimating, and this does not help us with the needs in any particular local area.

Local communities are the only places where the needs of children can be fairly and accurately estimated and effective responses developed. As a final point, it needs to be said that long-range planning data are always out of date, always two or three levels of abstraction higher than we need, and always inaccurate to a greater or lesser degree. The more community-level assessments, the less we have to rely on this long-range data. From this unique position, local assessments ultimately serve as a crucial link connecting long-range

FIGURE 1: TEXAS OECD NEEDS ASSESSMENT SYSTEM



and short-range planning, assuring the cyclic activity necessary to a continuous planning process. (See Figure 1.)

THE NEEDS ASSESSMENT COMPONENTS

Before describing the interaction of each of the needs assessment components with the plan and with each other, each component will be explicated.

The Information Base

The OECD *information base* is designed primarily to assist planning activities by making available a broad range of regularly collected data to state, regional, county and municipal levels. More than one-half million data elements on conditions that may serve as tools to reflect upon planning imperatives for young children and their families have been collected (see Appendix B). Methods are presently being designed to facilitate the fullest utilization of these data at all levels. These methods involve tailoring procedures and processes to accommodate OECD staff, county and regional planners and coordinators, local program planners and personnel and other interested people.

These data are necessary for the accurate characterization of young children and their families in the examination of trends and in the analysis of other items of specific interest. With regard to the state plan, they provide descriptions and comparisons for geographic areas and various populations and they provide a basis from which existing problems can be examined. These data serve as primary actors in planning and coordination at all levels. And, as will be noted later, they provide the information upon which social indicators are designed.

Regional Forums

A series of *seven regional forums* was conducted across Texas in 1973 to enable OECD to obtain the varied considerations of parents, program professionals and community leaders regarding early childhood problems and priorities of needs. More than 2,000 persons were invited statewide to participate, and nearly 900 attended the forums.

At each meeting, members of the OECD staff presented background information in the field of early childhood development, some of the basic issues concerning the conditions of children and an overview of the activities of the Office of Early Childhood Development. The par-

ticipants were divided into small discussion groups of 15 to 20 persons and each group was asked to address three questions:

(1) What do you consider the greatest problems of young children and their families in your community? Are there existing services to meet those needs?

(2) What services should be available to meet those needs? How much parent responsibility; how much public?

(3) Given limited resources, what are your priorities for services to children? To whom (what population) should these services be available?

The considerations and priorities of participants were recorded during the small group sessions at each forum and collected from a detailed questionnaire completed by each participant.

A report documenting the concerns and priorities expressed at all the forums and, at each forum in particular, was prepared and widely distributed.* (An analysis of the questionnaires is a useful and interesting part of that publication.) This activity has been of extraordinary value, not only in long-range planning, but in advocating responses to the great range of problems explored by way of a state plan. Parenting education and health care were the two highest-ranked priorities at the regional forums.

In the planning process, the information in the summary report will be useful to community members, program professionals and state-level program administrators in realizing the expanse, depth and characteristics of the early childhood and family problems considered.

Statewide Survey Of Households

A *Statewide Survey of Households With Children Under 6* was proposed to provide information for several areas of investigation of the conditions of children and families in Texas. The results of the survey were to feed into the long-range planning process, supplying information that was unavailable from any other source. This information was to furnish depth and comprehensiveness that would be far superior to any previous survey in Texas concerned with young children.

At the same time, survey results could focus public concern about particular problems in the state, problems that the state plan could address or that agencies or the governor could immediately act to solve. Efforts have begun, in addition, to develop and apply sufficient

Summary Report: Regional Forums on Early Childhood Development in Texas (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1973).

controls on the survey data so that they can be used by communities in considering the problems of their own young children.

The survey was designed to collect three general categories of information:

(1) Basic demographic data on families, such as size, parental employment status and characteristics, family member ages, family structure and income. This information was to serve as basic material to lend perspective for analysis.

(2) Information on child care arrangements, including the type of arrangements, degree of service utilization, cost of services, parental satisfaction and so forth. It was to serve as basic material for analysis relating to training needs for child care workers in Texas. The survey was designed specifically to gain that information from the consumer's point of view—his needs, expectations, financial limitations and his satisfaction.

(3) Information relating to life quality in general, including health and nutrition characteristics, measurements in relation to child development milestones and child-rearing practices. The information was to verify recent research findings and national trends from a Texas perspective.

The Texas OECD is proceeding with an analysis of the survey data; an early childhood doctoral candidate was the primary analyst.* Greater detail on the methodology of the survey is supplied in Appendix C.

Social Indicators

Such needs assessment processes as the utilization of information systems, conducting forums and administering surveys have long been used at state and local levels. While the OECD is confident of the efficacy of its use of these components in its needs assessment system, it is particularly proud of its utilization of two additional components: *social indicators and local assessments.* These components are distinct in application and, in conjunction with the other components, complete a full, comprehensive, sensitive needs assessment cycle.

Social indicators refer to specific statistical facts as they are applied to various social groups e.g., the number and percentage of live, premature births in a county. Their role in the process is a key one. They are the only assessment component with a primary link to short-range planning. As this link, indicators promise to make the state plan process rational and based on differentials of need. And, as will be explicated at the conclusion of this section, indicators have a vast potential for efficiently and effectively influencing long-range planning.

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*A preliminary summary and companion technical report have been completed entitled, *Texas's Youngest Children: Texas Household Survey of Families With Children Under Six* (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1975).

The concept of using indicators in social programming is unique. Their application in needs assessment necessitates a consideration of social accounting—assumptions made about the quality of life based partly on analysis of collected data—and related matters. This discussion is contained in Appendix D.

At the state level, indicator applications serve mainly to direct attention toward conditions reflective of relative short-coming. If indexes are applied at the state level, they should be utilized to compare geographic units (counties) in terms of overall quality of life characteristics. The most reliable indexing of counties would be accomplished by averaging standard scores for all indicators and ranking on the basis of divisions of needs (e.g., quintiles; upper 20 percent, next 20 percent and so forth).

Such ranking provides a basis for action. The top 20 percent of counties, for example, may then be supplied special attention or special assistance in conducting local assessments of need. (Or, all counties may enter this process, with the initial designation of quintile number to provide priority or preference index.) In addition, this ranking may provide different priorities for action within varying quintiles.

The federal Office of Child Development has initiated an effort to develop indicators of child health and welfare. Leonard S. Kogan, director of the Center for Social Research, City University of New York, heads the project. His efforts have included researching 24 selected indicators of social and health status. Kogan analyzed the interrelationships among indicators for three sets of sampling units: New York City community districts, New York state counties and all states of the country, utilizing 1960 and 1970 data. The results of this work show that five indicators were stable and consistently correlative for all three bases and for both time periods. They form the DIPOV Index.*

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*CF. Leonard S. Kogan, *Progress Report: Indicators of Child Health and Welfare*, (New York: Center for Social Research, City University of New York, 1972). He explains DIPOV as follows:

D—Dependency	=	No. of persons under 18 receiving AFDC / Total population under 18
I —Incomplete families	=	Persons under 18 not living w/both parents / Total population under 18
P—Premature births	=	Resident live births under 2501 grams / Total resident live births
O—Out-of-wedlock births	=	Resident out-of-wedlock births / Resident total live births
V—VD-Juvenile	=	Reported cases of primary and secondary syphilis and gonorrhea under 20 years / Total population under 20 years

The DIPOV Index is the best that is presently available for social indicator applications in the early childhood field. Subsequent analysis will assist in developing an index that is still more refined. However, with our emphasis on regularly collected data and the relationships of these data, DIPOV is an index that may reasonably be applied.

Indicators, for the present, must be utilized as tools for decision making about *sequence* of activity more than for any other function. They can indicate the exigency of the collectivity of needs, for purposes of guiding action. And indicators can serve to assist in disseminating data from the information system more efficiently (reporting five or so factors about each county rather than the 400 or so that are available, if only general quality of life is in question).

The potential for use of indicators is very large. Following the analysis of the statewide household survey and the monitoring of important research, the significance of the indicators will expand. If normativeness of the characteristics becomes the focus, indicators may soon be considered absolute rather than relative measures.

When a list of normative indicators is developed, a standard other than a mean score will be the basis for measurement, and the feedback into long-range planning at *any* state level will reach new heights in realizing and responding to the needs of our young children and their families.

Local Assessments

The local assessment of needs is not a new concept. However, the systematic linking of local assessment to state-level assessment to complete feedback for state-level long-range planning is indeed an innovation.

The culmination of all efforts related to state plan formulation and implementation is local assessment of early childhood and family needs and the service coordination and supplementation that is responsive to those needs. With regard to needs assessment components, local assessments are the primary *output* of the state plan process. And, as previously discussed, these local assessments also become *input* again, completing the loop back to long-range planning and advocacy at the state level.

The process of local assessment is systemized through general guidelines promulgated by the OECD and maintained by directing programmatic response in a consistent fashion. Guidelines were developed and procedures for service coordination, planning and technical assistance were designed from this experience. OECD has tested this approach in eight special demonstration projects. The model for local assessment (and program planning that follows as a

result) was developed by Andrew H. Van de Ven*, consultant to the OECD. Experiences and modifications have been analyzed and explicated in a documentation of the OECD special demonstration effort.**

PHASES OF ACTIVITY

The *purpose* of a local needs assessment is to analyze the needs of problems of young children and families in a given community and to design a configuration of services that effectively and efficiently responds to those needs. The OECD has utilized that technique in the demonstration effort mentioned above and has incorporated it into the state plan on early childhood development. The following is a brief summary of the phases of activity necessary to an effective local assessment and planning effort:

(1) In the *Preplanning Phase*, the community takes stock of its existing resources (people, services, funds, time and so forth). The subsequent phases are planned, with community meetings scheduled, experts identified and arranged for, a staff for the process assembled and details completed.

(2) In the *Problem Inventorying Phase*, the community identifies what it considers the greatest problems of its young children and arranges them in priority of need. Group meetings, individualized meetings, questionnaire administration and other data collection techniques are utilized. This phase is necessarily value laden and populist. Great care should be taken to direct discussion toward problems and conditions, not possible solutions.

(3) In the *Problem Solution Phase*, experts discuss and analyze the problems that have been identified and consider possible solutions. Problems are considered both in terms of their generic and indigenous characteristics. Technical assistance in this phase is vital and will be discussed in greater detail. Solutions to the problems are identified and set in priority order by experts.

(4) In the *Program Design Phase*, the staff of this planning effort synthesizes the problems and priorities of the community at large and the solutions and priorities of the experts and designs a substantive program. Alternative approaches of including solutions in a program package are explored and a detailed and thorough blue-print is developed.

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*Andrew H. Van de Ven, ed., *The Process of Evaluation* (Ohio: Kent State University, 1973). See especially Andre Delbecq and Andrew H. Van de Ven Chapter 12, "The Program Planning Model (PPM) Outline"; Chapter 13, "A Group Process Model for Problem Identification and Program Planning"; Chapter 19, "Nominal *Vs* Interacting Groups for Committee Effectiveness"; and Chapter 20, "Nominal Groups as Research Instrument."

**Bruce Esterline, *Descriptive Analysis of Program Planning Model (PPM) in Demonstration Projects* (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1974).

The process for activating the program, monitoring and evaluating the process and subsequent activity is important, yet should be mentioned along with developed descriptions of the plan itself discussed below.

Outstanding characteristics of this needs assessment process are that (1) it has a well-founded basis for identifying where action is necessary at the state level, (2) it has a rational and necessary extension at the community level for assessment of needs, together with value system super-imposition, (3) it facilitates the local assessment of needs with funding and technical assistance and (4) it provides for the process loop of services being coordinated, extended and supplemented at the local level as responses to identified problems.

A WORD ABOUT COST

The cost of developing and maintaining this complete needs assessment system for early childhood is substantial (see Table 1). In its first year of operation (1973), the OECD's system cost approximately $84,000 and more than two person-years in staff time. (This did not include $90,000 in local assessments facilitated in pilot demonstration projects and six additional person-years in staff time to assist them.) In subsequent years, of course, the initial expense of commissioning a statewide household survey and conducting regional forums might be obviated. However, the cost of the community-level needs assessments from the state plan is not insignificant ($3,500 to $4,500 per county, based upon one assessment per county).

Two points needing to be made are that: (1) the cost of the regional forums or the household survey could be substantially reduced, depending upon the state and the arrangements made and (2) local assessments are not a necessary ingredient in a state level assessment of needs. However, the relationship between service coordination and planning at the local level and needs assessment at the local level necessarily follow together. In addition, needs assessment at the state level cannot well consider nor provide for the development of service configurations that respond to local needs except in a permissive or facilitating manner.

THE STATE PLAN

The early childhood needs assessment process, as carried out by the OECD in Texas, is directed toward the formulation and implementation of a state plan. That plan is to facilitate programmatic responses to undesirable conditions across the state.

Three basic premises guided our formulation of this strategy for action:

(1) The young children of Texas have significant and critical needs.

TABLE 1

Texas OECD Needs Assessment System Cost

System Component	Resources Utilized	
	Manpower	Additional
Information System	1/2 person-year	$ 3,000
Regional Forums	1 person-year	$44,000
Survey of Households	3/4 person-year	$37,000
Social Indicators	1 person-year	Negligible
Local Assessments	8 assessments per person-year	$3,500 to $4,500 per county

(2) Existing resources are inefficient and ineffective in meeting the broad range of these needs.

(3) These needs are basically capable of being responded to.

The state plan approach is based on these premises and is reinforced by our special demonstration project experiences. Assisting in the assessment of needs at the local level and in the formulation of service configurations to respond to these needs is a planned and integral part of the state plan.

An Interagency Committee

Responsibility for the formulation of the state plan was given to an interagency committee at the state level. This committee is composed of representatives of state agencies that provide services to young children and their families and is chaired and staffed by the OECD personnel. It proceeded to formulate the state plan, culminating in the production of a draft document in August 1973, which was finalized in May 1974.*

Critical to the deliberations leading to a final plan was a thorough fact-gathering process. As previously detailed, in this process a variety of information was drawn upon, including: (a) hard, census-type information, (b) the results of a series of seven regional forums across the state and (c) the analysis of a statewide survey of households with children under 6 years of age.

The advocacy function that necessarily precedes the approval of relevant legislation by the state legislature will be assisted by several of the assessment components. The hard data assists in advocacy, but not efficiently (i.e., only a very small amount of the data can be meaningfully reported and digested). However, the results of regional forums provide geographically significant information, information by selected professions and persons and information that can be tersely and powerfully reported. Thus, forums are particularly well tailored to articulate early childhood and family needs.

In addition, several key findings of the statewide survey—more because they cannot be made from regularly reported statistics—are effective in advocacy. An example of such a key finding from this statewide survey is that 32,000 Texas children under age 6 are left to care for themselves during the day, while their mothers work.** Ad-

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**Meeting the Needs of Young Texans: A State Plan for Early Childhood Development* (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1974).

***46 Things You Need to Know About Texas Children: The Darker Side of Childhood* (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1974).

vocacy is a necessary subsequence to long-range planning and impressing the importance of the state plan upon decision makers is significant in actualizing needed legislation.

At the same time, short-range planning imperatives and plan implementation require the support of the needs assessment components. From this perspective, the assessment system is directed toward facilitating the state plan's implementation and thus toward assisting local assessments as well. Therefore, social indicator applications and the direct linking of each of the assessment components to local assessment is required.

The process of early childhood needs assessment, then, is focused about the state plan and is multiphasic. Activity occurs at the state level and at the community level and culminates in the coordination of existing resources and the addition of necessary resources in order that identified needs might be met.

APPENDIX A

THE LEARNING INSTITUTE OF NORTH CAROLINA CHILD CARE SERVICES ASSESSMENT STUDY

DATE _____
(month) (day) (year)

NAME OF CHILD CARE SERVICE _____ NAME OF OPERATOR AT THIS CHILD CARE SERVICE _____

ADDRESS _____ CITY _____ COUNTY _____ PHONE _____

NAME OF PERSON INTERVIEWED _____ NAME OF INTERVIEWER _____

* * * * * * * * * * * * * * * * * * *

PLEASE ANSWER ALL QUESTIONS ACCORDING TO THE APPROPRIATE CATEGORIES BELOW THAT DEFINE YOUR CHILD CARE SERVICE:

CATEGORY 1: Day Care Center (Six or more children are cared for, 4 or more hours per day.)

CATEGORY 2: Day Care Home (Two to five children are cared for in nonrelative's home, or by a parent of one or more of the children, 4 or more hours a day)

CATEGORY 3: Nursery School (Children younger than 5 years are cared for less than 4 hours for morning or afternoon program.)

CATEGORY 4: Kindergarten (Five-year-olds are cared for less than 4 hours in a morning or afternoon program.)

I. ENROLLMENT AND COSTS

	DAY CARE CENTER CATEGORY 1							DAY CARE HOME CATEGORY 2							NURSERY SCHOOL CATEGORY 3							KINDER-GARTEN CAT. 4
	Infant to 1 year	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	School Age	Infant to 1 year	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	School Age	Infant to 1 year	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	School Age	Total 5-year-olds
HOW MANY CHILDREN IS THIS CHILD CARE SERVICE SERVING?																					
	Total Number of Children Served							Total Number of Children Served							Total Number of Children Served							
HOW MANY CHILDREN CAN THIS CHILD CARE SERVICE SERVE?																					
	Total Number of Children Who Can Be Served							Total Number of Children Who Can Be Served							Total Number of Children Who Can Be Served							
WHAT IS THE OPERATING COST (TO THE NEAREST DOLLAR) PER CHILD PER MONTH?																					
TOTAL MONTHLY OPERATING COST (TO NEAREST $)	$							$							$						$

II. GENERAL OPERATIONS

PLEASE CIRCLE THE APPROPRIATE ANSWER TO EACH QUESTION BELOW:

	Day Care Center Category 1		Day Care Home Category 2		Nursery School Category 3		Kinder-garten Category 4	
1. Is there a waiting list?	Yes	No	Yes	No	Yes	No	Yes	No
2. Is transportation for the children arranged by the child care service?	Yes	No	Yes	No	Yes	No	Yes	No
3. Is a fee charged by the child care service for transportation?	Yes	No	Yes	No	Yes	No	Yes	No
4. Is a health exam required for all children before entry?	Yes	No	Yes	No	Yes	No	Yes	No
5. Are any children enrolled in this child care service physically handicapped?	Yes	No	Yes	No	Yes	No	Yes	No
6. Would this child care service accept physically handicapped children?	Yes	No	Yes	No	Yes	No	Yes	No
7. Are any children enrolled in this child care service mentally handicapped?	Yes	No	Yes	No	Yes	No	Yes	No
8. Would this child care service accept mentally handicapped children?	Yes	No	Yes	No	Yes	No	Yes	No
9. Are any children in this child care service emotionally handicapped?	Yes	No	Yes	No	Yes	No	Yes	No
10. Would this child care service accept emotionally handicapped children?	Yes	No	Yes	No	Yes	No	Yes	No
11. Does this child care service accept children of all races and creeds?	Yes	No	Yes	No	Yes	No	Yes	No
12. Which of the following *best* describes the program of this child care service?								
A. This child care service provides for the safety of the child. It also provides food appropriate to the age of the child and the number of hours the child is in attendance.	A	B	A	B	A	B	A	B
B. This child care service provides for the safety and food needs of the child. In addition, it provides a variety of health, educational or social services.								
13. In compiling the operating budget for this child care service, do you depend on the following for funds:								
A. Fees from Parents	Yes	No	Yes	No	Yes	No	Yes	No
B. Governmental Purchase	Yes	No	Yes	No	Yes	No	Yes	No
C. Church	Yes	No	Yes	No	Yes	No	Yes	No
D. Industry	Yes	No	Yes	No	Yes	No	Yes	No
E. OTHER (Specify): _____								
14. If parents are charged, is there a sliding fee scale based only on family income?	Yes	No	Yes	No	Yes	No	Yes	No
15. If parents are charged is there a sliding fee scale based on both family income and on the number of children in the family?	Yes	No	Yes	No	Yes	No	Yes	No
16. If parents are charged is there a sliding fee scale based on the number of children from one family who are enrolled in this child care service?	Yes	No	Yes	No	Yes	No	Yes	No
17. Does this child care service operate with the intent of making a profit?	Yes	No	Yes	No	Yes	No	Yes	No
18. Is this child care service open 24 hours a day?	Yes	No	Yes	No	Yes	No	Yes	No
19. Is this child care service open on Saturdays?	Yes	No	Yes	No	Yes	No	Yes	No
20. Is this child care service open on Sundays?	Yes	No	Yes	No	Yes	No	Yes	No

12

CHECK THE APPROPRIATE ANSWER IN THE BOX PROVIDED TO THE RIGHT:

21. What time does this child care service *open*? ☐6:00-7:00 ☐7:00-8:00 ☐8:00-9:00 ☐After 9:00
22. What time does this child care service *close*? ☐11:30-1:30 ☐1:30-3:30 ☐3:30-5:00 ☐5:00-6:00 ☐After 6:00

III. EMPLOYEES

1. How *many* employees are there in this child care service? [Full-time & Part-time]
2. Are there *educational requirements* for the following positions? [Please *circle* the appropriate response for *each* position within your category.]

PLEASE *CIRCLE* THE CORRECT ANSWER WITHIN THE APPROPRIATE CATEGORY(IES) FOR EACH QUESTION:

3. Is *training* (workshops and courses) available for employees?
4. Is *certification of good health* by a physician a requirement for employees?
5. *Ancillary Services*:
   a. Do you use the services available at the Department of Social Services?
   b. Do you use the services available at the Department of Mental Health?
   c. Do you use the services available at the Department of Public Health?

Day Care Center Category 1		Day Care Home Category 2		Nursery School Category 3		Kindergarten Category 4	
Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Director..Yes No NA Child Care Worker...Yes No NA Teacher...Yes No NA Assistant Teacher...Yes No NA Other.....Yes No NA		Operator..Yes No NA Other.....Yes No NA		Director..Yes No NA Teacher...Yes No NA Assistant Teacher...Yes No NA Other.....Yes No NA		Director..Yes No NA Teacher...Yes No NA Assistant Teacher...Yes No NA Other.....Yes No NA	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	

IV. PARENTS

1. Does this child care service enroll only the *children of mothers who work?*
2. Are parents *involved*:
   a. As Volunteers?
   b. In Parent Meetings?
   c. As Representatives on your board?
   d. In Individual Conferences with teachers?
   e. As Employees?
   f. In Workshops for Parents?
   g. Other?
      SPECIFY _____

Day Care Center Category 1		Day Care Home Category 2		Nursery School Category 3		Kindergarten Category 4	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	
Yes / No		Yes / No		Yes / No		Yes / No	

[Ed. Also contained Part V for interviewer's comments, not to be used in compilation of objective data.]

APPENDIX B
The Texas OECD Information Base

The material on page 55 details the intention, scope and utilization of the OECD early childhood information base. The base is composed of regularly collected data, including that from the U.S. Census Bureau, the Texas Department of Health, the Texas Department of Public Welfare, the Texas Industrial Commission and the U.S. Public Health Service.

As noted earlier, Texas presents significant demands on planning and needs assessment, with 254 counties and more than 1,000 cities. For these reasons, it places similar demands upon an information base intended to assist the effort. The information base is directed toward facilitating meaningful comparisons of counties and cities, according to data factors, when possible.

A detailed presentation of the OECD information base capability is too long to be included in this document.* For that reason, only a range of available data from this information base is outlined below (when otherwise not noted, dates are as of 1970 or later):

Population:	Population change and projected change, 1950-1990, by sex, race, age—all by county.
	Population total, by urban/rural, by density—all by county
Live Births:	Live births by sex, race, maternal age, rate, percent of change, illegitimacy and number of previous children per mother—all by county.
Deaths:	Deaths by sex, race, rate, age and cause since 1950—all by county
Marriages and Divorces:	Marriages and divorces by age and rate since 1950—all by county.
Educational Attainment:	Median school years completed by sex and age increment since 1950—all by county.
	Percent of age increments by sex, with various grouped years of school completed—all by county.
Economic Characteristics:	**Employment:**
	Employment and unemployment total, rate and change—all by county.
	Labor force participation rate by sex, race and age increment—all by county.
	Wage levels for unskilled, semiskilled, skilled by sex—all by county.

*See *Catalog of Data on Early Childhood Conditions in Texas* (Austin, Tex.: Office of Early Childhood Development, Texas Department of Community Affairs, 1974).

Female employment total and percentage by age, urban/rural, race, with children under 6, with children 6-18 and with children under 6 with husband present—all by county.

Family:

Family totals and percentages by size and income increments since 1950—all by county.

Family income by children under 6—all by county.

Family composition, by own children under 3 and 6, race and urban/rural—all by county.

Households by race, median income, income change since 1950, male and female heads, average number of children under 6 and effective buying income—all by county.

Female-headed households by race, part-time and full-time employment, mean income and children under 6—all by county.

Housing units by standard or substandard, type of plumbing, family size, family income, crowded-over-crowded and age increments of members—all by county.

Wealth:

Per capita income since 1964 by comparison to state and national averages and percent change—all by county.

Bank and savings and loan deposits totals and per capita percent change since 1964—all by county.

Retail sales by food, general merchandise, drugs, household items, total and per capita and percent change since 1964—all by county.

Economic index since 1966—all by county.

Health:

Prenatal visits per pregnancy and per month of pregnancy.

Fetal deaths and rate by race and urban/rural—all by county.

Births by maturity, birthweight, plurality, attendant, race and sex—all by county.

Maternal deaths by number and rate, race, age, cause and urban/rural—all by county.

Neonatal and infant deaths by number and rate, race, cause and urban/rural—all by county.

Communicable disease (by selected disease) by age, race, income and urban/rural—all by county.

Nutritional levels (less than 70% standard of selected nutrients) by race, poverty/nonpoverty, infants, and lactating and pregnant women.

Accidents and accidental deaths (number and rate) by age, cause and race—all by county.

Mental Health

Reported and estimated child abuse (number and rate) by age and race—all by county.

Suicides (number and rate)—all by county.

Number of mental health hospital admissions and patients—all by county.

Health Manpower and Resources:

Number of medical doctors, percent change since 1963, by type (including obstetrician-gynecologist, pediatrician and general practitioner)—all by county.

Number of hospitals, beds, beds per 1,000 population, bassinets, premature nurseries and other services—all by county.

76

APPENDIX C
The Texas Household Survey

A further description of how the Texas Survey of Households With Children Under 6 was designed and administered follows in this appendix.*

In order to formulate the survey questions, the staff of the Office of Early Childhood Development consulted experts in child development, medicine and health care, mental health, social work, nutrition and other fields. The National Planning Association, a consulting firm based in Washington, D.C. and contracted by the Texas OECD to assist with the Texas Child Development Associate project (CDA),** formulated questions in the training and manpower-related areas. Bearing in mind that the survey was to be wide in scope, emphasis was placed on receiving the most accurate and meaningful information from a necessarily limited number of questions.

The final survey design was prepared by three professors from the University of Texas under contract to the OECD. In a random approach, stratified on the population under age 5 identified in the 1970 U.S. Census, trained interviewers contacted approximately 5,000 households, finally administering at least 1,000 interviews to families with children under age 6. The sample was determined by dividing the state into three major strata: *major metro*, 44 percent of the total sample population; *minor metro*, 28 percent; and *rural*, 27 percent.

Each strata was composite of counties grouped for geographical similarity not according to other factors such as ethnicity or economic conditions. The actual households to be contacted were assigned in cluster fashion to minimize time and expense.

The field work was conducted through personal contact with an adult member of the household by an interviewer working under the direction of a professional field supervisor. The interview was conducted only when children under 6 were members of the household. Special care was taken to minimize the number of call-backs by conducting the interviews during optimal times of the day, but no less than three call-backs were made when an adult member of the household was not available. The interviews averaged approximately 45 minutes in length and were administered in Spanish whenever necessary.

Prior to their work in the field, interviewers were trained by a supervisor. The actual interviewing took approximately six to eight weeks beginning in June and ending in August 1973. The interviewers were paid.

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*Clifton, Higgins and Weatherby Associates, *Methodology for the Survey of Texas Households with Children Under Six Years of Age*, [n. pub.] 1973.

**The CDA is a state-funded program, based on a federal model, designed to enhance and certify a care-giver's competency to work with children and to develop the professionalism of child care-givers.

APPENDIX D

Social Indicators and Early Childhood Assessment in Texas

As was mentioned in the preceding text, the use of social indicators necessitates consideration of social accounting and related concepts.

Social Accounting

Social indicators are measures of life quality. In order to assess the needs of young children in Texas, indications of their quality of life must be compared to some baseline standards over time. These standards may range from acceptable minima (e.g., the number of calories needed to sustain a child at a certain age) to the ideal. Standards must be established, adequate tools of measurement must be devised and the relationship of conditions versus these standards must be quantified.

Social indicators are used in a technique of social accounting similar in concept to the use of economic indicators in the analysis of our economy. Just as data on investment (economic indicator) may be collected in order to make assumptions concerning the overall disposition of the economy (economic accounting), data may be collected on infant death rates, post-neonatal death rates and maternal death rates (social indicators) in order to make assumptions concerning the health condition of infants (social accounting).

Economists, however, have a commonly accepted base, measured in dollars and cents; other social scientists have no real common measure. Economists have only the economic system to analyze*; other social scientists are faced with a system that is virtually impossible to define because of its scope.

In social accounting, specific statistics and simple relationships are measured over time. A great many things can be measured and in a number of dimensions. However, it is the extremely complex process of *relating* diverse factors that makes this process so difficult to use. It can be demonstrated, for example, that there is a positive correlation between income and rates of mental retardation, between income and birth prematurity and between children born prematurely and rates of school failure. However, these statistics may not show inferences from what they measure. They can highlight trends that have led to a certain result but *they cannot show causation* and *they are not solutions to problems.*

Four Steps

The first step in social accounting is *problem identification.* The second step is the *identification of what data are important* in the analysis of these problems. This involves researching which social indicators have been used in

*There has been criticism of economic accounting on the principle that the economic indicators and the methods used are those that economists are most comfortable with and the "softer" social factors, which are crucial in the operation of the economy, are excluded because economists do not want or know how to deal with them.

analyzing specific problems, why these indicators have been chosen and what data are needed. The third step is the *cataloguing of data* which can be used in applying social indicators to the analysis of identified problems. The fourth step is *cataloguing the social indicators* themselves, with documentation and justification of relationships between factors so as to assist with the interpretation of data and the assessment of needs.

Existing Services

A problem of particular concern in relation to measuring the condition of young children throughout the state in comparison to specific baselines is the role of existing services. Do these services contribute to the present condition of children? If so, in what measurable way? The problem is basically that agency program data are mainly *input* rather than *output*. We can measure the number of program personnel, the number of children served and the amounts of program funds, but there are no absolute measurements of the relationships of these things to their effects on children. *Measurements of needs are easier to make than measurements of the efficacy of choices of meeting those needs.* (For example, teacher salary levels, the number of pupils per classroom, expenditures per pupil, etc., are pieces of information often collected. They probably do not influence the effect of schools on children.)

Social Indicators, Decision Making and Resource Allocation

An essential question: What does one do after applying social indicators to describe a situation? While these indicators can describe, *they cannot prescribe or assess.* It is impossible to increase a decision maker's or administrator's awareness by outlining conditions and explaining the relationship of data factors, via social indicators, but the social system is far too complex to allocate resources on this basis alone.

Decision making is overladen with the value structure of the decision maker. Social indicators used to describe a situation are a function of a value system that may or may not coincide with the value systems of others. Operational measures, value judgments and trade-offs must be determined, but in a process that is entirely separate from social indicator analysis.

Rational decision making in the social area is based on an allocation of resources commensurate with the problems and priorities in society. The data analyst must describe conditions, the functional specialist must assess problems and the decision maker must take these into account when allocating resources. This process, practiced and refined over many years, should improve the rationality of decision making.

An important task in this process is providing linkage. Methods must be devised in which data and analyses will most effectively help decision makers. General approaches should be developed to expose these officials to data and to assist with interpretation and to provide the same for institutions, professionals, parents and others at the state and local levels.

Values

The role of value systems in determining what the problems of society are, how these problems are to be met and what responsibility and resources should be considered cannot be overemphasized. Is it better to educate 50 children of migrant agricultural workers in English or to prevent one infant death? Is it better to immunize all children than to offer voluntary family planning assistance to all families? It is up to decision makers, administrators and the population in general, at all levels, to decide what the most crucial problems are and what to do about them.

THE OECD TASK

The Texas OECD is faced with a number of constraints in attempting to analyze and assess the needs of young children in Texas. The greatest constraint is not time or resources, it is available technology. The use of social indicators and social science theories in problem-solving is still in rather primitive stages. It is unwarranted and inadvisable to make inferential leaps from a description of conditions to problem solutions by using hard techniques of factor analysis and predictor equations.

The question that takes precedence when considering needs assessment through social accounting is *at what point does this process become better than intuition?*

It is a realistic presumption that progress in systematically considering social conditions in a broad perspective can be made, so that at some time in the future the process will *be* better than intuition. For the present, the needs assessment must be soft, utilizing the perception of needs of people from across the state, as well as all the data retrieval and statistical analyses that can reasonably be made and the interpretation of experts in relevant social theory, functions and programs.

Indicators are invaluable tools in an assessment of needs. In proper perspective, however, they are best applied as *one phase* of a dynamic assessment process. As scrutiny comes closer to children, assessment must refocus.

And at the community level this assessment must be of entirely different character. For this reason, the OECD early childhood needs assessment system relies upon indicators in a *sequential* rather than a substantive context and upon the output of the system, local assessment, to supply the content of assessment.

As previously noted, however, indicators have great potential for facilitating the analysis of the characteristics of the population under consideration and the problems confronting it. This promise will be actualized only after more years of research and testing.

APPENDIX E

SURVEY OF STATE NEEDS ASSESSMENT ACTIVITIES SPRING 1976

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
ALABAMA	Louise Pittman Director Bureau of Family and Children's Services Administration Bldg. 64 N. Union St. Montgomery, Ala. 36104 205/832-6150	The state department of education has completed a study of the educational needs of 5-year-olds. The interdepartment coordinating committee for early childhood development conducted a study in 48 percent of the counties on the need for health, nutrition, educational and social services for children 1-6. Projected: During 1976, two assessments—(1) need for child welfare services and (2) need for kindergarten services.
ALASKA	Betsey McGuire Executive Director State Office of Child Advocacy Pouch AL Juneau, Alaska 99811 907/465-3584	The office of child advocacy compiled all needs and resource assessments conducted between 1972 and 1974 that focused on children under the age of 18 and their families. The result was a report, *Digest 1974, Studies of Alaska's Children.* Funding for the office was a result of this study. Projected: During 1976, a study on the need for health services and a study to identify Indian children 0-8 years and their needs for educational services.
ARIZONA	Allen Margolin Social Services Bureau Department of Economic Security P. O. Box 6123, 941-C Phoenix, Ariz. 85005 602/271-4791	The state department of economic security and the state 4-C committee held a series of informal statewide meetings to address the needs of children 0-18 years for day care, health, nutrition, child welfare and legal services. A series of reports, entitled *Arizona's Children,* was published. The department performs an annual statewide review of the need for day care services for children 14 years and under. The state department of education studies the needs of 3- and 4-year-olds of migrant workers for day care services. Projected: Studies to assess need for preschool/kindergarten services and nutrition services.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
ARKANSAS	Bertram Wakeley Director Office of Planning Office of the Governor 400 Train Station Square Victory at Markham Little Rock, Ark. 72201 501/371-2311	The former office of early childhood planning conducted a statewide needs assessment in 1973 of services for children 0-8 years in the areas of early education, child care, health care, child care staff needs and parental needs.
CALIFORNIA	H. Glenn Davis Superintendent Child Development Program Support Unit State Department of Education 721 Capitol Mall Sacramento, Calif. 95814 916/322-2553	A statewide study of the need for child care services for children 16 and under was conducted. Projected: Needs assessment studies of child welfare, child care and nutrition services.
COLORADO	Barry Shaffer Planning and Evaluation Unit State Department of Education State Office Bldg. Denver, Colo. 80203 303/892-2705 Dottie Lamm Chairperson Governor's Task Force on Children Colorado Executive Residence 400 E. Eighth Ave. Denver, Colo. 80203 303/837-8350	State department of social services and state day care council conducted a day care needs assessment of children 0-14 years; the Colorado Coalition of Advocacy for Children and Youth conducted a survey of well-child services for children 0-18; the Colorado Commission on Children and Youth surveyed the need for mental health services for children 0-18 years; and the department of health conducted three studies—well-child services for children 0-18 years, dental services for children 5-18 years and perinatal care. The state department of education is currently conducting a statewide needs assessment of day care services to young children. The governor's task force on children is in the process of an informal comprehensive statewide needs assessment of children's services.

CONNECTICUT	Jeannette Dilly Deputy Commissioner Department of Children and Youth Services 345 Main St. Hartford, Conn. 06115 203/566-3537	During the past three years, four studies have been conducted to assess the need for child welfare services for children 1-18 years, throughout the state. Two of the studies were conducted by the state department of social services and two by the state legislature. The office of day care, located within the department of community affairs, recently completed a needs assessment study of day care services.
DELAWARE	Judith Drexler Director Division of Services to Children and Youth Department of Health and Social Services Administration Bldg. Delaware State Hospital New Castle, Del. 19720 302/421-6705	The division of services to children and youth is currently conducting a needs assessment study of children to identify problems and gaps in services. A comprehensive state plan for services to children and youth will be developed from the study. In 1973 a child and youth services studies project was conducted to reassess the responsibilities and capabilities of the department of health and social services. Recommendations were developed to reorganize the department to coordinate and strengthen service programs to children and youth.
DISTRICT OF COLUMBIA	William Whitehurst Division of Child Development Department of Human Resources 614 H St., Room 706 Washington, D.C. 20001 202/629-3776	The department of research, planning and evaluation assessed the need for preschool and kindergarten services for children 5-6 years. The board of education studies the nutritional needs of school-aged children. Projected: Needs assessment studies in all areas, except health, for children.
FLORIDA	Pat Liebert Program Planning Department of Health and Rehabilitative Services 1323 Winewood Blvd. Tallahassee, Fla. 32304 904/488-8782	The department of health and rehabilitative services is developing a needs assessment methodology in the area of human problem needs. The department has also completed the needs assessment process required for Title XX planning. The division of health assessed the nutritional needs of children 0-21 years in 50 percent of the counties.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
GEORGIA	Claude Corry State Department of Human Resources State Office Bldg., Room 414-S Atlanta, Ga. 30334 404/656-4403	The department of human resources conducted a preliminary statewide social service needs assessment of child health and welfare needs early in 1975. A follow-up study was completed in May 1975 to aid in planning for Title XX implementation. The need for health services has been assessed in the Appalachia counties with funding from the Appalachian Regional Commission.
HAWAII	Genevieve Okinaga State Program Specialist Early Childhood Education State Department of Education P.O. Box 2360 Honolulu, Hawaii 96804 808/548-5914	The governor's commission on children and youth is currently compiling and analyzing recently collected data to develop a state child care master plan.
IDAHO	Howard Schrag Director Institute of Human Development Statehouse, Annex 3 Boise, Idaho 83702 208/384-3515	The former office of child development completed a comprehensive statewide needs assessment of services to children. A detailed description of the study is included in this report (pp. 27-43). In addition, the need for day care services was surveyed by the Region X Office of Child Development and the need for kindergarten education services for 5- and 6-year-olds was studied statewide by the state department of education. Projected: Studies will be conducted on the need for child welfare and nutrition services.

ILLINOIS	Neil Matlins Deputy Director Planning and Development Department of Children and Family Services 524 S. Second St. Springfield, Ill. 62706 217/782-7615	The department of children and family services has recently developed a needs assessment procedure utilizing state demographic data to document the need for children's services. The department conducts a statewide needs assessment of day care services for children 13 years and younger annually. The office of education conducted a special statewide census to determine the need for special education services for children 3-21 years.
INDIANA	Barbara Anderson Director Child Development Division Indiana Youth Council 1019 State Office Bldg. Indianapolis, Ind. 46204 317/633-5749	During the spring of 1976, the child development division sponsored nine public hearings throughout the state to assess the needs of young children and their families. Testimony from those hearings will be published in a series of reports documenting the needs of children in the state. The state 4-C committee conducted a statewide survey to determine the status of licensed day care centers for children 3 to 5 years. Studies have also been conducted on the training needs for preschool teachers and health services for young children. Projected: Studies on health, day care and preschool/kindergarten services.
IOWA	Carol Culler Governor's Task Force on Early Childhood Development Office of Planning and Programming 523 E. 12th St. Des Moines, Iowa 50319 515/281-3756	A statewide needs assessment was completed by the task force in the fall of 1975. Recommendations, which included the establishment of a state council for children, were submitted to the governor and state legislature. Other assessments conducted included a study of social service needs of children 0-18 by the department of social services for Title XX planning, a study of the need for nutrition services by the department of public instruction and a study of the need for well-child health services by the state health department.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
KANSAS	Barbara Sabol Director Division of Services to Children and Youth State Department of Social and Rehabilitative Services State Office Bldg., Sixth Floor Topeka, Kan. 66612 913/296-3959	The division of services to children and youth conducted a statewide attitude assessment study of the need for day care, child welfare, health and preschool/kindergarten services for children 0-18 years in February 1975. The department of social and rehabilitative services conducted two studies on the need for day care services. The department of health and environment has completed two health needs assessment studies.
KENTUCKY	Stephen Fox Program Development Branch Bureau for Social Services Department for Human Resources 403 Wapping St. Frankfort, Ky. 40601 502/564-6746	The department for human resources conducted a study assessing the need for day care, health and child welfare services. This data was used in developing Title XX planning. The department has also studied the welfare needs of children throughout the state.
	Jo Dallas Assistant Director Institute for Children 212 Washington St. Frankfort, Ky. 40601 502/564-6786	The Institute for Children is presently planning a comprehensive statewide assessment of children's needs and an analysis of existing services.
LOUISIANA	Betty Blaize Director Bureau of Early Childhood Development State Department of Education P.O. Box 44064 Baton Rouge, La. 70804 504/389-6921	The bureau of early childhood development has completed a needs assessment of services for children 0-18 years and is developing a comprehensive state plan for Title XX.

MAINE	Charles Sharpe Project Director Children and Youth Services Planning Project Executive Department 6 Wabon St. Augusta, Maine 04330 207/289-3006	The department of health and welfare conducted a statewide assessment of the needs of children 0-16 years.
MARYLAND	Mary Robinson Coordinator Early Childhood Education State Department of Education P.O. Box 8717, BWI Airport Baltimore, Md. 21240 301/796-8300	The state 4-C committee conducted a study of existing and needed services for children. The results were published in the report, *A Maryland State Plan for Coordinated Child Development Services*(1974). A study of the need for well-child services, mental health services and dental health services was conducted by the regional planning council of Baltimore. Five counties and the city of Baltimore were included in the study. Projected: Needs assessment studies of health services and child welfare services.
MASSACHUSETTS	Elton Klibanoff Director Office for Children Executive Office of Human Services 120 Boylston St., Room 246 Boston, Mass. 02116 617/727-8900	The office for children conducts an ongoing needs assessment through a statewide computerized information referral and follow-up network system. The local councils of the office for children study the need for day care, health, preschool/kindergarten, child welfare and nutrition services for children 0-18 years. Also included are children with special needs through age 21. All of the local education agencies conducted a needs assessment of preschool and kindergarten services.
MICHIGAN	Susan G. Brook Executive Coordinator Michigan 4-C Council Lewis Cass Bldg., Second Floor Lansing, Mich. 48913 517/373-3093	The department of social services conducted a statewide needs assessment of protective services for children 0-18 years. The need for social services was studied to meet Title XX planning requirements.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
MINNESOTA	Erna Fishhaut Chairperson Minnesota Child Development Coalition 373 South Griggs Midway Bldg. 1821 University Ave. St. Paul, Minn. 55104 612/376-3221	The Child Development Coalition is presently conducting a series of five to seven regional forums to discuss the perceived needs of children. Legislation to coordinate services to children and families will be developed from the discussions.
	Dean Honetschlager Director Child Development Planning Pro[illegible] State Planning Agency 101 Capitol Square Bldg. 550 Cedar St. St. Paul, Minn. 55101 612/296-3983	The child development planning project conducted a statewide statistical analysis of the full range of services to children 0-6 years in 1973-74. An intensive and comprehensive study assessing the need for child development services was conducted in Carver County. A manual was developed from the study for other local communities to use in assessing child development needs.
MISSISSIPPI	Frances H. Williams Executive Director Mississippi Council on Children 5220 Keele St. Jackson, Miss. 39206 601/354-7483	The Mississippi Council on Children conducted a needs assessment survey on the need for kindergarten services.
MISSOURI	Marcia K. Nodiff Executive Director Governor's Conference on Education Box 563 Jefferson City, Mo. 65101 314/751-2701	The governor's conference on education is presently conducting a series of regional forums for public discussion of early childhood issues. The committee on early childhood plans to develop a comprehensive state plan for children's services from these discussions.

MONTANA	John Fitzpatrick Office of Budget and Planning Office of the Governor State Capitol, Room 237 Helena, Mont. 59601 406/449-3111	The state office of budget and planning is conducting a statewide needs assessment study of children's services for Title XX planning.
NEBRASKA	John Maney Division of Social Services Department of Public Welfare 4900 O St. Lincoln, Neb. 68510 402/471-2983	The division of social services conducted a statewide study to assess day care needs of children 0-12 years. The need for child welfare services for children 12-18 years was studied by the department of public welfare. The need for mental health services for children 1-18 years has been studied by several community mental health centers.
NEVADA	Jane Douglas Administrator Child Care Services Division State Department of Human Resources Kinkead Bldg., Capitol Complex 505 E. King St. Carson City, Nev. 89701 702/885-4795	The department of human resources conducted a study of all children's service needs for Title XX planning. The child care services division conducted a survey of child care needs for Clark County children 0-18 years. This county represents one-half of the state's population. The division also conducted a study of industrial child care promotions.
NEW HAMPSHIRE	Barbara Hanus Division of Welfare Bureau of Child and Family Services 8 Loudon Road Concord, N.H. 03301 603/224-7479	The bureau of child and family services conducted a needs assessment of day care and child welfare services. A statewide survey was conducted in the schools in grades K-12.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
NEW JERSEY	Mark Wickely Bureau of Family Services Division of Youth and Family Services One S. Montgomery St. Trenton, N.J. 08625 602/292-3444	A needs assessment of services to children was conducted for Title XX planning.
NEW MEXICO	Art Armijo Director New Mexico Committee on Children and Youth P.O. Box 26584 Albuquerque, N.M. 87125 505/842-3049	The New Mexico Committee on Children and Youth conducted a needs assessment survey of services to children and youth in selected communities. The state department of education studied the statewide need for kindergarten services and also surveyed the level of nutrition education activities in each school district.
NEW YORK	Patty Marsh Department of Social Services 1450 Western Ave. Albany, N.Y. 12243 518/457-7055	Needs assessments of children's services were conducted by each of the 58 social service districts with the aid of three institutions of higher education to meet Title XX planning requirements.
NORTH CAROLINA	Don Taylor Director Office for Children North Carolina Department of Human Resources P.O. Box 12405 Raleigh, N.C. 27605 919/829-4834	The office for children has compiled statewide information on the needs and available services for children 0-6 years. The information was published in *The State of Young Children in North Carolina*. The Learning Institute of North Carolina (LINC) conducted a statewide telephone survey of the need for child care. A second survey was conducted by LINC to assess the need for day care, health services, preschool/kindergarten education, child welfare and nutritional needs of children 0-6. A detailed description of this survey is included in this report (pp. 44-49). The division of health services assessed the health service needs of children 0-21 years in 97 percent of the counties. The office of child day care licensing studied the education needs of day care staff.

NORTH DAKOTA	Owen Larson Director of Community Services Social Services Board State Capitol Bldg. Bismarck, N.D. 58501 701/224-2316	The state board of social services is presently conducting needs assessment studies in the areas of day care, health, child welfare and preschool services.
OHIO	David Schwertfager Bureau Chief Children and Family Services Social Services Division State Department of Public Welfare 30 E. Broad St. Columbus, Ohio 43215 614/466-2208	The counties throughout the state conduct needs assessments in day care and other early childhood services. Projected: Needs assessments of child welfare and nutrition services.
OKLAHOMA	James Bohanon Assistant Supervisor Division of Social Services Department of Institutions, Social and Rehabilitative Services Sequoyah Office Bldg. P.O. Box 25352 Oklahoma City, Okla. 73125 405/521-3438	The division of social services continuously assesses needs through a computerized tracking system of services utilized. The division is the Title XX administrator. The division of economic and community affairs in the office of the governor performs the planning function for all state services to children and youth. The state department of health conducted a statewide study of the need for well-child services for four age groups—under 1, 1 to 4, 5 to 14, and 15 to 24 years. Projected: A needs assessment of day care services.
OREGON	Ron Marshall Project Director Task Force on Early Childhood Development Governor's Commission on Youth 555 13th St., N.E. Salem, Ore. 97310 503/378-4185	A statewide study of the need for day care services, based on Census Bureau data, was conducted by the state 4-C council. A statewide study on the health needs of children 0-21 years was conducted by the state health commission. The department of education conducted a study of the needs of handicapped children 0-21 years. A statewide survey of all high-risk groups was conducted by the state nutritional council task force. A study of child welfare needs has been conducted for Title XX planning.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
PENNSYLVANIA	Martha Woodward Bureau of Child Development Department of Public Welfare Health and Welfare Bldg. Harrisburg, Pa. 17120 717/787-2121	A needs assessment of child welfare services was conducted for Title XX planning.
RHODE ISLAND	Hilary Salk Coordinator Children and Youth Services 125 State House Providence, R.I. 02903 401/277-2071	Projected: Needs assessment studies of child welfare, day care, health and nutritional services for children.
SOUTH CAROLINA	Betty Carnes Director Office of Child Development Department of Social Services P.O. Box 1520 Columbia, S.C. 29202 803/758-7620	The office of child development has conducted a survey of families in the Appalachia counties with children under 6 years on their perceived needs for educational, social, nutritional, health and other services for young children. A survey of child care providers was also conducted. The results from the two surveys will be compiled for use in the development of a computerized management information system for the entire state. The department of mental retardation studied the day care needs for mentally retarded children 0-21 years. Nutritional needs of children 5-18 years and the need for kindergarten services for all 5-year-olds were studied by the department of education.
SOUTH DAKOTA	James Marquart Administrator Office on Children and Youth State Office Bldg. Illinois St. Pierre, S.D. 57501 605/224-3115	The office on children and youth is conducting a needs assessment to be used in the development of a comprehensive statewide plan for children and youth. Needs assessment studies have also been conducted in the areas of general nutritional services for children 0-18 years and child care needs.

TENNESSEE	Neal Buchanan Director Office of Child Development 660 Capitol Hill Bldg. 301 Seventh Ave., North Nashville, Tenn. 37219 615/741-1681	The office of child development and the department of human services have conducted numerous needs assessment studies at the request of the state senate committee on child neglect, dependency and abuse. Projected: A needs assessment study of children's health services.
TEXAS	Jeannette Watson Director Early Childhood Development Division Department of Community Affairs P.O. Box 13166, Capitol Station Austin, Tex. 78711 512/475-5833	The early childhood development division conducted a comprehensive statewide assessment of children's needs in the state. Areas included in the study were child care, health care, parent education and the coordination of all services to young children. A detailed description of the study is included in this report (pp. 50-64). Other needs assessment studies have been conducted by the department of public welfare, the department of community affairs and the governor's office of planning and coordination.
UTAH	Geraldine Clark Director Office of Child Development State Board of Education 250 E. Fifth South St. Salt Lake City, Utah 84111 801/533-6323	The office of child development is conducting a statewide needs assessment survey of day care services, preschool/kindergarten education services and child welfare services for children 0-8 years. The state board of education is conducting a nutrition education study in the schools. The division of health has conducted needs assessments for well-child services, handicapped services, dental health services for the handicapped and speech and hearing services for Indians. The studies included children 0-18 or 21 years.
VERMONT	Rolland C. Gerhart Director Office of Child Development 81 River St. Montpelier, Vt. 05602 802/828-2485	Two studies assessing the need for child welfare services were conducted—one of committed children 18 years and younger and one of alternative care for children 18 years and younger. Projected: Needs assessment of health services for children.

STATE	CONTACT	ACTIVITIES UNDERTAKEN OR PLANNED TO GATHER DATA AND ASSESS EARLY CHILDHOOD NEEDS
VIRGINIA	Charles A. Christophersen Division of State Planning and Community Affairs 109 Governor's St. Richmond, Va. 23219 804/770-7722	The Virginia Legislative Advisory Committee conducted a needs assessment study of the following services for children 0-14 years: day care, health, preschool/kindergarten, child welfare and nutrition.
WASHINGTON	Randy Pendergrass Office of Community Development Community Service Unit 214 General Administration Bldg. Olympia, Wash. 98501 206/753-4922	The nutritional needs and problems of all citizens and the immunization status of all children 0-18 years have been surveyed by the health division of the department of social and health services. A needs assessment of child welfare services has been conducted for Title XX planning.
WEST VIRGINIA	John B. Himelrick Sr. Director Interagency Council for Child Development Services Office of the Governor Capitol Complex Charleston, W. Va. 25305 304/348-5360	The interagency council is currently developing a management information system that will include comprehensive statewide needs assessment data. The council has studied the need for child welfare services for children 0-18 years. The state department of welfare conducted a day care needs assessment study of children 0-14 years and a screening survey of health service needs of children 0-21 years.
WISCONSIN	Richard J. Phelps Executive Secretary Governor's Advocacy Committee on Children and Youth 106 E. Doty St., Suite 208 Madison, Wis. 53703 608/266-7021	Needs assessment studies have been conducted in the following areas: day care, child welfare and nutrition services. The first two studies included children 0-18 years, and the last study included children 5-18 years in the public schools.

WYOMING	Byrla L. Carson Children's Services Specialist Division of Public Assistance and Social Services Department of Heath and Social Services Hathaway Bldg. Cheyenne, Wyo. 82002 307/777-7561	The department of health and social services is planning a needs assessment of day care services. The governor's planning office is considering a comprehensive statewide needs assessment. A study assessing the need for kindergarten services was conducted by the local education agencies.
	Harvey Peterson State Department of Health and Social Services State Office Bldg. West, Room 317 Cheyenne, Wyo. 82002 307/777-7466	

NOTE: Information in this survey of state needs assessment activities was taken in part from the individual state reports prepared by Kirschner Associates, Inc., under the contract HEW-OS-74-215, to provide planning and management assistance to the Office of Child Development in implementing strategy to assist general purpose governments to build the capacity to deliver children's services.

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Early Childhood Project Publications

Early Childhood Newsletter (published bimonthly: no charge)

Early Childhood Development: Alternatives for Program Implementation in the States (Report No. 22, June 1971: $1.00)

Early Childhood Programs for Migrants: Alternatives for the States (Report No. 25, May 1972: $1.00)

Establishing a State Office of Early Childhood Development: Suggested Legislative Alternatives (Report No. 30, December 1972: $1.00)

Implementing Child Development Programs: Report of a National Symposium, August 1974 (Report No. 58, December 1974: $2.00)

Early Childhood Programs: A State Survey 1974-75 (Report No. 65, April 1975: $1.00)

Day Care Licensing Policies and Practices: A State Survey, July 1975 (Report No. 72, August 1975: $2.50)

State Offices of Child Development (Report No. 55, September 1975: $3.00)

State Services in Child Development: Regional Conference Highlights/Spring 1975 (Report No. 75, November 1975: $1.00)

The Role of the Family in Child Development: Implications for State Policies and Programs (ECS Report No. 57, December 1975: $3.50)

The Children's Needs Assessment Handbook (Report No. 56, May 1976: $3.00)

Copies of the above publications may be obtained from the ECS Publications Desk. Prepayment, including a handling and postage charge of $.35 per report, is required.

Education Commission of the States, Report No. 56
Early Childhood Report No. 16, May 1976

Education Commission of the States

The Education Commission of the States is a nonprofit organization formed by interstate compact in 1966. Forty-five states, Puerto Rico and the Virgin Islands are now members. Its goal is to further a working relationship among governors, state legislators and educators for the improvement of education. This report is an outcome of one of many Commission undertakings at all levels of education. The Commission offices are located at 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203.